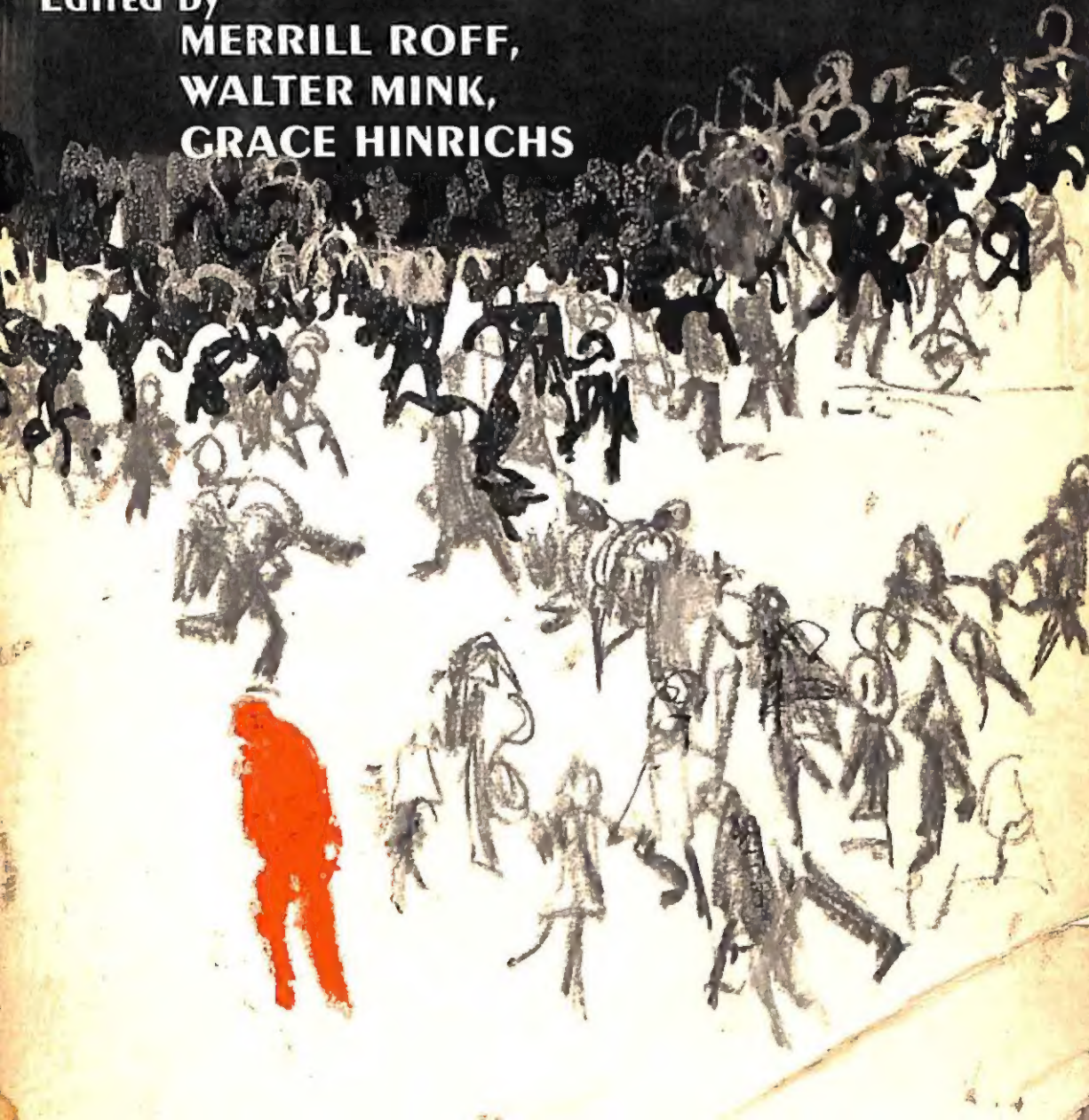


developmental abnormal psychology

Edited by
**MERRILL ROFF,
WALTER MINK,
GRACE HINRICHS**



12. 1/2 1/2 1/2

1974
16.2.67

Developmental Abnormal Psychology

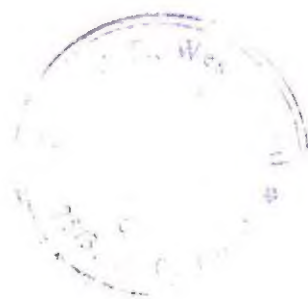
^c
**Developmental
Abnormal Psychology**

A CASEBOOK

MERRILL ROFF
University of Minnesota

WALTER MINK
Macalester College

GRACE HINRICHS
Augsburg College



HOLT, RINEHART AND WINSTON, INC.
New York Chicago San Francisco Toronto London

S.C.E R T. West Bengal

Date 16. 2. 67.....

Acc. No. 1974.....

135
PDF

Econ. Psy. Research	
HINDU COLLEGE	
Dated	16. 2. 67.....
Acc. No.	1974.....

COPYRIGHT © 1966 BY HOLT, RINEHART AND WINSTON, INC.
ALL RIGHTS RESERVED

LIBRARY OF CONGRESS CATALOG CARD NUMBER: 66-16959
27541-0116

PRINTED IN THE UNITED STATES OF AMERICA

*To all those individuals and organizations
whose assistance has made possible
The Developmental Abnormal Psychology Program*

Preface

This book is a product of the Developmental Abnormal Psychology Program which has been in operation under the direction of the senior author for more than twelve years. This continuing research program has involved the follow-up of more than 10,000 males who as children had been dealt with by child guidance clinics in major cities in different parts of the country. Information about these individuals has also been obtained from their military-service records so that information concerning their general adjustment as young adults is also available.

Case finding began in the files of the child guidance clinics. The identifying information obtained there was then compared with selective-service records, which indicated whether or not an individual still lived in that area, whether or not he had entered service and if not, why not, and what branch of the service he entered. This last was helpful in locating the service records. Cases are still being added to this already large sample.

As part of the research program, follow-up information was also obtained for two large control samples of children drawn randomly from school files. For these control groups childhood information comparable to that of the clinic cases is not available, because "normal" families are not ordinarily studied in detail. These were used only to establish base rates in different outcome categories for randomly selected samples. Several large samples of persons with juvenile-court records have been studied in the same way. As a general rule, these do not have case histories of the same quality as those found in child guidance clinics. However, one or two cases from this sample have been included in this book along with the child guidance cases.

Once outcome information is available it is possible to sort the childhood case histories into groups as pre-neurotic, pre-psychotic, and so forth, and to compare their childhood histories with those of other clinic children who made satisfactory later adjustments. The behavior descriptions by parents, teachers, and clinic personnel can be related to outcome information at the usual military-service age. The main research problem of the program is

the determination of the relationship or absence of relationship of all possible items of childhood information to later outcome. It is the availability of current observations at two or more separated stages of life for a very large sample of persons that differentiates this research program from the usual cross-sectional and retrospective studies of childhood experience in relation to adult adjustment.

Traditionally, clinical studies of the antecedents of adult maladjustment have been postdictive (as opposed to predictive), that is, an attempt is made to account for adult symptoms on the basis of what adults recall about their childhoods. In the program from which the cases in this book were selected, the problem is a predictive one of studying available childhood information, recorded during childhood, and indicating an expected adult outcome. Such an approach is inevitably *probabilistic*, in the sense that no one can predict perfectly on the basis of childhood information what an eventual adult outcome will be. It is possible, however, to exceed the level of predictive accuracy expected by chance, either by making global predictions from impressions based on all the information in the childhood records or by focusing specifically on certain variables, such as peer group reactions to the subject, teachers' descriptions, psychiatric diagnoses, and reported parent-child interactions. Both approaches have been used in the research program.

The cases included here represent a broad sampling of the large pool of available cases. An attempt has been made to represent common psychiatric outcomes as well as outcomes that seemed to indicate satisfactory social adjustment. In addition, cases were selected to reflect the geographic distribution of the clinics and to provide a distribution of age, intelligence, and socioeconomic levels. One restriction imposed by the authors was the inclusion only of individuals who were twelve or under at the time they were first seen at a clinic. This restricts the cases to those in the grade-school age range at the time of first clinic contact. Previous studies in this program have indicated that after the age of twelve the presenting symptoms are often more similar to the symptoms of adult maladjustment than they are in the younger period.

This book of cases presents the childhood antecedents of a broad range of psychiatric outcomes in adulthood. Cases are presented in order of age at first clinic contact by design, because grouping by type of outcome might lead to premature conclusions about the relationship between childhood experiences and adult psychiatric status. The response of clinicians and research workers to research reports of this program suggests that this book will be of value to professionals as well as to students. It is hoped that both advanced undergraduate students and graduate students will find this a useful sourcebook in courses in abnormal psychology, personality development, psychiatry, and education courses relating to disturbed children. The

presentation of childhood antecedents along with adult outcomes provides opportunities for many teaching uses.

In the accumulation of information for the research program it became very clear that the cases had considerable intrinsic interest in addition to their value as sources of information. Students who have worked as assistants on the project have found the cases stimulating, challenging, and eventually providing a foundation useful in evaluating the many and often conflicting hypotheses which have been proposed to relate childhood experiences to adult maladjustment. Some of these materials have also been used by the authors in appropriate classes. The student response to them has led to the preparation of the cases and outcomes presented in this book.

All information which might contribute in any way to the identification of individuals has been deleted. Names have been changed and geographic details have been altered so that it should not be possible even to identify the part of the country in which the individual lived.

The dedication is a most inadequate expression of appreciation of the assistance the Developmental Abnormal Psychology Program has received from a great many people. Specific mention must be made of the U.S. Air Force School of Aviation Medicine and of Dr. S. B. Sells, the original project monitor; of the University of Minnesota Graduate School, which gave assistance at an early stage; of the National Institute of Mental Health, which provided the funds for the collection of cases on a national scale; and of the U.S. Army Medical Research and Development Command, which has given indispensable support for a number of years.

April, 1966

Minneapolis, Minnesota
St. Paul, Minnesota
Minneapolis, Minnesota

M. R.
W. M.
G. H.

Contents

PREFACE	vii
INTRODUCTION	1
CASES	
Daniel	13
Jerry	25
Keith	39
Steven	54
Thomas	68
Gordon	80
Edward	103
Ralph	116
Harry	130
Louis	138
Jeffrey	149
Lee	161
Clyde	168
William	184
Howard	201
Vernon	212
Carl	226
Henry	243
Rick	254
Ted	267
Raymond	275
Wallace	282
Peter	300
Patrick	315

Roger	327
Paul	341
Sammy	350
Robert	368
John	382
Gary	398
David	404
AN INTENSIVE VIEW OF ONE DISORDER: Schizoid Personality	419
PUBLICATIONS FROM THE DEVELOP- MENTAL ABNORMAL PSYCHOLOGY PROGRAM	444
INDEX	447

INTRODUCTION

NATURE OF CASES

This is a book of case histories of boys. It describes both their behavior and something of their general life settings. It differs from other sets of case histories of children in that information on their adjustment in the young adult period is also presented. We can therefore read descriptions of each child by the parents, school personnel, psychiatrists, psychologists, and other workers who deal with children, and then we can immediately look ahead a number of years to find out what he was like as a young man.

The majority of the cases—several thousand in number—were obtained from child guidance clinics in various major cities as part of a large-scale research activity, the Developmental Abnormal Psychology Program. The primary purpose of this research is to determine the relations between factors present during childhood, *described when they were occurring rather than retrospectively*, and subsequent adult adjustments. A list of the main research reports of the Developmental Abnormal Psychology Program, and a substantial part of one of these reports, can be found at the end of the book.

Other cases were obtained from juvenile court records, and one or two of these have been included here. Most youngsters who have contact with juvenile authorities later get along without serious difficulties. A small proportion continue to get into trouble and may eventually commit serious antisocial acts. If it were possible to identify the chronic cases at an early age, we might be able to provide additional help for these boys and thus reduce the number of chronic offenders. This is known as the early detection problem; it exists for all adult maladjustments and is one main concern of the entire research program.

Follow-up information was obtained from the records of the military services. This meant that the study was, of necessity, limited to males, but this procedure was used because it gave a method of obtaining adult follow-up material.

Some of these boys who were dealt with by child guidance clinics made satisfactory adult adjustments. Others made unsatisfactory adjustments of all kinds. When the adult criterion information was obtained, it became possible to go back and sort the childhood case histories into groups as pre-psychoneurotic, pre-psychotic, pre-bad conduct (of various types), pre-personality disorder, pre-"psychosomatic," and so on. The cases presented in this book include the childhood histories of individuals in all these adult outcome categories, as well as individuals who made good adult adjustments.

It is much more difficult to obtain childhood histories and subsequent adult information than it is to interview adults and get *retrospective* information about their early lives. Until we have descriptions of behavior obtained during childhood, with subsequent adult information, it is impossible to know how accurate these retrospective accounts are. Once the descriptions of childhood behavior are available, it becomes possible to check the accuracy of retrospective reports, and to modify our theories of personality development where necessary.

It would be very helpful if we had, for purposes of comparison, descriptions of large numbers of well-adjusted children who had never been in a child guidance clinic. Ordinarily, however, only those children who exhibit some kind of deviant behavior become subjects of a case study.

CHILD GUIDANCE CLINICS

At the beginning of the twentieth century several developments led to the establishment of child psychology and child psychiatry as professional fields and, eventually, to the founding of the first child guidance clinics. The work of Sigmund Freud and Adolph Meyer provided a "dynamic" influence on psychiatry by emphasizing the relationship of the experiences of childhood to adult maladjustment. In education, differences in the individual needs and capacities of children began to receive increased attention, and Alfred Binet pioneered techniques for measuring these individual differences. Legal reforms required that children be treated before the law as minors rather than as adults. The establishment of juvenile courts resulted in judicial interest in the causes of the misbehavior that brought children before the courts. In a parallel growth, the prevention program of the developing mental hygiene movement focused attention on the childhood origins of adult problems. These developments reflected a changing awareness of the status and role of children and the significance of the developmental process in adult adjustment problems.

Following earlier pioneer clinics, the main agent in the establishment of

child guidance clinics was the Commonwealth Fund, which established "demonstration" clinics in several large cities in the twenties. Within a few years the number of clinics increased markedly, so that today clinic services are available not only in large cities but also in many smaller communities.

Child guidance clinics introduced the concept of the "team" of psychiatrist, psychologist, and social worker working together in the management of the treatment of children and their families. Originally, the psychiatrist served as the administrative head and medical director of the clinic and conducted much of the therapeutic work with children; the psychologist was in charge of diagnostic services and research; and the social worker conducted the activities that involved families, schools, and other community agencies. Today the functions overlap in many clinics, and specialists in remedial education, recreation, and physical therapy have been added to clinic staffs. However, the clinical team is still the nucleus of the treatment program.

A description of typical clinic procedures may assist the reader in following the sequence of events described in the cases. While there are individual variations between and within clinics there is a pattern of procedures that most clinics follow.

Children are brought to the attention of clinics chiefly by schools, social agencies, physicians, parents or relatives, or juvenile courts. Clinics work cooperatively with the sources of referral both in the initial diagnostic study and in the planning of management or treatment of the child. Following the study, a conference may be held during which the members of the team present their findings and formulate a plan of action. If the study is primarily diagnostic, recommendations may be made to the referring agencies or persons, who will continue to work with the case. Sometimes treatment is given by the clinic; both the kind and the amount of this varies from clinic to clinic. In some cases direct supervision of the child may be maintained by the referring agency, with the clinic staff serving as consultants.

Psychotherapy with children in clinics will vary in its details according to the views of the clinic or staff involved. Child guidance clinics have developed specialized techniques of communicating with younger children and of permitting them to express their problems, particularly through the use of play and activity. Often the mother is also seen periodically by the clinic. Some clinics make an attempt to interview the father. Regular progress conferences are sometimes held by the clinic team and interested participants representing other agencies. Termination of a case occurs by mutual agreement of the clinic and family, by failure of the child or his parents to continue, or by transfer to another agency. Clinics in some cases attempt follow-up investigations. Any clinic will have cer-

tain children returning after an interval, either because of recurrence of the initial difficulty or because of some new problem.

The child guidance clinics of today have a short but impressive history. Through their activities much has been learned about the interactions of the child with his family, his peers, his school, and his community. Child and parental attitudes and different kinds of training have become widely investigated areas of research. The team approach has served as a model for the operation of mental hygiene services for adults. The use of community agencies and resources in the treatment of disturbed persons, which has always characterized child guidance clinics, is currently a "new" development in adult psychiatry. The treatment of families has been a necessary part of the activities of these child guidance clinics. They are progressing in the monumental task that confronts them, and their staffs present at best the efforts of dedicated people doing the actual work in the field of mental health. Child guidance clinics have made substantial contributions to the understanding of developmental aspects of behavior pathology. They are continuing to explore new methods of treatment, in the setting of the family and the community.

VARIATIONS AMONG CLINICS

The preceding description represents an average of clinic procedures. Individual clinics differ very markedly among themselves. They receive their basic support from a wide variety of governmental agencies or other organizations (state, county, city, private, and so forth). The source of financial support sometimes seems to influence the type of case the clinic serves. Some clinics get most of their referrals from schools. Others get referrals primarily from parents, either directly or by way of the family doctor. Other clinics may handle a larger than usual number of juvenile court referrals or referrals from welfare agencies. Sometimes the emphasis on seeing a particular type of case in a clinic will shift with the arrival of new personnel with a new orientation. The picture we have given of typical clinic procedures should thus be modified to fit the wide individual differences among clinics.

There are differences in procedure and in doctrine—in some cases the differences in procedure seem to stem from differences in doctrine, while in other cases they seem to be simply differences that have grown up in practice. There are differences in the average amount of time spent with each patient; sometimes the service is primarily diagnostic while in other cases extensive treatment is given. There are differences in the extent to which the clinic systematically obtains information from school personnel—including the child's classroom teacher—about the children with whom

they are dealing. In general, those clinics that maintain contact with the school system are more likely to have some follow-up information during the childhood period.

TYPES OF INFORMATION COMMONLY AVAILABLE

The following types of information were commonly available in the case histories that follow.

1. The *reason for referral* or presenting problem(s) gives the first glimpse of the child and his difficulties. There is an old saying that the apparent reason for referral is frequently not the real problem.

2. *Mother.* Information is commonly present about her personality, her relations with the father (as reported by her—the picture of this relationship is sometimes quite different when reported by the father), her health, which may be a factor in the situation, her relations with the boy and with his siblings (which commonly differ somewhat from sibling to sibling), and her attitudes and disciplinary practices. There is usually a substantial amount of information about the mother since she was generally a main informant and sometimes contributes information over a period of years.

The mother is often considered the largest contributor to the pathology of the child. The “dominant” mother in particular has frequently been cited as a major factor contributing to pathology. Both the following cases and a number of research studies indicate that “maternal dominance” can be found not only in cases of schizophrenia, manic depressive psychosis, ulcers, juvenile delinquency, and drug addiction, but also in a large number of cases of children whose outcomes are favorable. The relevant factor may not be that the mother dominates a home; it may rather be the manner in which she or any other family member dominates. Many mothers become of necessity the dominant force in broken homes, or homes in which the father is ill or unassertive or often absent. Most of the children from these homes are “normal.” Therefore a self-sufficient and capable mother who can effectively organize a home and may be “dominant” is not by definition pathological, but can be a stabilizing force. Perhaps we need a more careful definition of the kinds of maternal behaviors, somewhat loosely designated as “dominant,” that would discriminate between “good” and “bad” dominant behavior. This problem might well be kept in mind when reading the cases.

3. *Father.* The amount of information about the father varies from case to case and from clinic to clinic. Some clinics make a strong effort to interview the father while others tend to rely solely on reports by the mother, which are sometimes biased, either positively or negatively.

Where possible, allowances should be made for this bias in reading the cases. On the other hand, sometimes there is enough substantiating information to indicate that a poor opinion of the father has a factual basis. Items commonly present about the father concern his personality, his relations with the mother (note who is reporting these), his health, his relations with the patient and with his siblings (which are sometimes very different), and his attitudes and disciplinary practices. The father ordinarily occupies a less prominent position in the history than the mother, if for no other reason than that the mother is usually the person who brings the boy to the clinic. The relative importance of the father in comparison with the mother in contributing to child maladjustment is the subject of a great deal of research at the present time.

In terms of amount of time spent with the child, the mother normally spends more than the father, particularly during early childhood. However, in the case of that psychological characteristic which has been most thoroughly studied in this connection, intelligence, it has been found repeatedly that the correlation of a set of children with their fathers is about as high as the correlation with their mothers. Too extreme an emphasis on parent child-raising practices assumes that there are no hereditary differences of any importance in any behavior characteristic. We do not know that this is so. It does seem apparent in some of the cases below that the characteristics and actions of the father were of major importance. We must await the results of future research to get more definite answers to some of these questions.

4. *Grandmothers, aunts, and other relatives.* Information has been included about these individuals if they had played a significant role in dealing with the boy. Not infrequently he had spent some period of time living with a grandmother. Sometimes this worked out well enough, but sometimes it did not. If the mother was absent for any reason, a feminine relative frequently acted as a mother-surrogate.

5. *Siblings.* Information about the personalities of siblings and about their relations with the patient is commonly present. It should be noted that even a very bad family situation will not ordinarily result in an equally bad adjustment level for all the brothers and sisters. In an earlier study in this program, the adult outcomes for all male siblings of the primary cases were obtained, and compared with outcomes both of the primary problem cases and of a random sample of the school population of that area. It was found that the proportion of poor adult outcomes for all the male siblings was about halfway between that for the problem cases and that for the control sample.

In many cases the parents have commented that the patient had always been more of a problem than his brothers or sisters. It is interesting to notice the adjustment level of the siblings described in the cases that follow.

6. *Home and family.* Additional information is frequently presented about the general atmosphere of the home, about the neighborhood and its assets and liabilities as a place for growing children, and about the economic situation of the family. It often seems that the effect of a broken home, in which the children almost always remain with the mother, may be softened markedly by economic adequacy. If the mother has enough money so that she can spend the major part of her time with the children, the situation is very different from that in which the mother is forced to work full-time outside the home.

7. *Health and nervous habits.* Information relating to the boy's health, nervous habits, speech difficulties, and presence or absence of enuresis is sometimes relevant in prognosis. With respect to information concerning the subject's early childhood, it should be realized that some inaccuracy may have been introduced by its retrospective nature. In evaluating the future significance of stuttering, it is helpful to remember that it is usually a simple habit disturbance rather than a symptom of psychoneurosis.

8. *Social adjustment outside the family.* Earlier work in this program indicated that the interactions of a child with other children of his own age are frequently of major importance in indicating later adjustment level. It is very rare for a child to be considered seriously disturbed by a psychiatrist without his appearing deviant to his peers. The other children may not know what to call his difficulty but they usually know that some difficulty is there. Like all the signs of future adjustment level, this is probabilistic. Poor peer-group adjustment is frequently, but by no means always, an accurate predictor.

9. *School performance.* This includes scholastic performance and disciplinary problems. Scholastic performance needs to be related to intelligence level before any satisfactory interpretation can be made. In evaluating the significance of disciplinary problems it is necessary also to attempt to evaluate the teachers and other school personnel who are exercising the discipline.

10. *Psychological test results and observations by the psychologist in the test situation.* Sometimes these fit in with the rest of the picture and sometimes they do not. Almost all the clinics routinely obtained IQs, though at least one major clinic tended not to concern itself with them. Occasionally results of other psychological tests, such as the Rorschach, are presented.

11. *Psychiatric diagnosis and reports of treatment.* Diagnoses are frequently but not always presented. In terms of adult outcome, the psychiatrists were often able to recognize severe disturbance when it was present before it was possible for them to predict the exact nature of the adult adjustment difficulty.

12. *Social Service Index (SSI) contacts.* Among the items of informa-

tion presented in the introduction to each case is the number of Social Service Index (SSI) contacts. Each of the cities from which cases have been obtained has a central clearinghouse of information from the major social agencies of the area. This center may be called the Social Service Index, the Social Service Exchange, the Confidential Exchange, or some comparable term. When an individual or family has contact with a member agency, the agency normally relays this information to the SSI and usually obtains the listing of all other social agencies with which any member of the family has had contact. If it seems likely that information already obtained by another social agency may contribute information relevant to the case under consideration, this information is sometimes obtained from the other agency. One result of this procedure is that agencies giving financial assistance to a family can find out whether the family is receiving aid at the same time from another agency. For many of the cases presented here, the family had had no contact with any SSI agency. The largest number of such contacts that we remember for a single family is sixty-six. The SSI number gives a simple and rough index of the extent to which any given family has been in contact with the social agencies of its home area.

CASE INTRODUCTIONS

Each of the following cases has an introduction consisting of three items:

1. *The reason for referral*, which lists the presenting problems shown by the child at the time of first clinic contact. Some of these may be serious and some of them minor. They were included in the case history when it was first written to give the first clues of the nature of the child's difficulties as they appeared to some adult.
2. *The source of referral*, which was almost always carefully noted by the clinic. A boy might be referred by his parents, his doctor, an interested welfare agency, the school, a probation officer, a juvenile court, a relative other than the parents, or an unrelated adult friend.
3. *Personal data*, which is intended to give a quick picture of some of the gross features of the general life situation of the boy. Information presented here includes age, school grade, other family members, the economic situation of the family, previous Social Service Index (SSI) contacts of any member of the family, and IQ.

These introductions have been prepared in a uniform manner. The cases themselves vary in organization so that there is no single form. We have stayed close to the individual styles of the clinic staff members who

recorded their information, in the belief that this would retain the flavor of the actual case records.

ADULT OUTCOMES

At the end of each case there is information concerning adjustment at the adult level. The majority of these outcomes have been obtained from military service records. Some, however, have been obtained from other sources. In order to avoid excluding chronic cases that may have shown persistent maladjustment from childhood on, it was necessary to include some individuals who were rejected for service. In general, the outcome descriptions of rejected individuals are shorter than those for cases from the service records.

These outcomes have several interesting characteristics. The first, of course, is the specific indication of the adult outcome. In addition to this, the outcome sometimes gives some history from the interval between childhood and the time at which the outcome information was recorded. In some cases, there is retrospective information about the individual's childhood and family. It is interesting to compare this with the information in the childhood case history. Sometimes the outcome consists of a single, fairly specific diagnosis. In other cases, the outcome information is complex, in that several diagnoses may be given, either simultaneously or successively.

In selecting cases for inclusion here, it was helpful to place each case into one of three categories. (1) There are cases where the specific outcome is definitely predictable on the basis of the childhood information. (2) There is a second group of cases that are not clearly predictable on the basis of the childhood information, but in which it is possible to go back over the case and find indications that seemed to point to the outcome. (3) There is a third category in which it is difficult or impossible to discern any clear relationship between the childhood history and the adult outcome. Some cases from each of these categories have been included.

It is very desirable to read the whole case before looking at the outcome, to see how well you can predict from the childhood information.

CASE STUDIES



Abbreviations

Some of the clinics regularly used certain abbreviations. We have adopted some of these and used them fairly consistently. These are:

M for mother

F for father

W for clinic social worker

Pt for patient

SSI for Social Service Index (see Introduction)

Sometimes only the initial letter of the boy's name is used instead of the entire first name.

Daniel

REASON FOR REFERRAL

Resistant to an unusual degree. No social contacts. Terrified over surprises.

REFERRED BY

Mother.

PERSONAL DATA

Age five years. Living with parents in good economic circumstances. Only child. SSI: none. IQ superior.

2/6 (*Social worker*). Mother is quite an attractive-looking young woman, well dressed, with a kind of smartness in appearance. She impressed me, however, during all the early part of the interview, as being very hard and tense. As soon as we were seated she said, "I suppose I should tell you everything about my problem." She said she was coming about her boy, aged five. She did not refer to him as Daniel until much later in the interview. "My boy is perverse," was her first comment. Then she developed this in detail, showing how this boy will fight and struggle until he gets her to yell at him. Teasing, coaxing, begging, nothing makes any difference with him except to yell at him. "How do you account for that?" I asked. "Well, I have figured it out this way," she said. "I think when he gets me to yell he has found his own way. That is what he wants, to make me do something." I said that was a very interesting observation and did she feel then that he was not frightened of the yelling but that he had achieved his way by getting her to yell? She said that was exactly it and that is what maddens her so about him. She spoke in a veiled way here about his heredity and maybe that is why he is such a difficult child. She also spoke of her own nervousness. I gathered that

there had been some mental disease in the father's family though she did not say so specifically.

M then went on to describe other problems in Daniel. He has "no social contacts." I asked what she meant by that. He will not mingle with other children. He always wants his own way with them and while they are good friends at first, it soon wears off. Daniel is quite a solitary child. She understands that this is a very poor start for a child. I tried to find out what he did with his day but M could not give much detail about it. It was as if she had learned from reading that "no social contacts" was poor for a child, but as if this really was not a problem to her.

As if she had gone too far in making him appear a problem, she withdrew at this point in the interview and said that he could not be entirely blamed because of the way he had grown up. Then she described how when he was a baby she lived with her older sisters. She is the youngest child in her family and these sisters are much older than she. During the first years of Daniel's life these aunts would criticize everything she did with him. She could never punish him but what they would come running in, picking him up, and saying that he was abused. It was as if he was their baby instead of hers, she said. Finally out of desperation she decided to move. However, another sister is living with her and the situation is still bad. This sister interferes with his discipline also and does not really admit the place of Daniel's mother as his mother. Also Daniel's father is so nervous and high-strung that he will clench his fists and leave the room when he is irritated with Daniel. That leaves all the responsibility for discipline with her. Only once have she and her husband disagreed in front of Daniel. This episode occurred yesterday and I asked whether it had anything to do with her deciding to come to the clinic at this time. When they got down for breakfast in the morning Daniel had been in her ink bottle. His hands were covered with ink and all the papers on the desk were full of ink blotches. A week or so ago she had bought him a pen and pencil set but had told him that he was never to fill the pen himself. It seems that he had been trying to fill the pen that morning. When she scolded him her husband interfered for the first time and said, "It's all your fault. You should never have bought him the pen in the first place." She was outraged about this and felt that it was very bad for Daniel to have her husband take his side in a situation like this. Usually he just leaves the room because he fears doing violent harm to the child.

Then she went on to tell me what seemed to have great meaning to her. I felt as if a good deal of her problem with the child was expressed in the beginning of the hour concerning her battle with him. Now she told me of something about him that was very baffling to her. Her voice lowered when she said, "He is terrified of surprises and I do not know what to make of it." I asked her to tell me more about it and she explained. His

second Christmas, when he was about twenty months old, the family had planned a big surprise for him. All of the adults were seated around the room, waiting for Daniel to enter and see the Christmas tree and his presents. He came toddling in in his night clothes and as he entered the room and looked at the tree, all of the adults burst out laughing. As a result he would not have anything to do with his presents and began to cry. She was quite moved over this recital and apparently felt very guilty over their use of the child for their own pleasure. Since then he has always reacted strangely to any kind of surprise. They have to tell him well ahead of time just what is going to happen or he acts very queerly. Here it seemed to me that she was telling about another area in her problem with Daniel, one that she did not understand. We talked about this for quite a few minutes and I was interested to see how she softened and showed quite a different feeling about him. She had previously said that she realized she was responsible for a good deal of Daniel's difficulty. Now she brought it up again and said that she knew she too needed to see someone because she got very excited with him. I told her that was our way of working. If a parent had some problems in his relationship to the child that he wanted to work on, that was the purpose of the interviews. "I really have," she said. "I know only too well that the mother of a five-year-old child who is such a problem must be responsible for a great deal of it." I think she will be a difficult person to work with but perhaps with a directness equal to her own we may be able to go a long way with her. Certainly there was a real shift in her attitude about Daniel during the interview and the beginning of her taking some responsibility for her part in it.

3/2 (Social worker). Daniel was a little slow about going with the doctor, but M took matters in hand. "We go in separate rooms. You have your business and I have mine." I opened my door and when we started in, Daniel went along with the doctor.

M came in saying "He is perverse." To my questions about his perversity she said "When you want no, you get yes." I tried to get something specific, but M said "It's hard to think of specific things. Daniel sends his father into a white heat and then when he puts on one of these appealing smiles, his father just melts." F never beats him. When he is mad, he would kill him. When he melts he loves Daniel too much. I asked if it seemed to her that the chief difficulty was between Daniel and his father. "No, it is between Daniel and me." I asked what she meant. A few months ago she decided that Daniel gets a kick out of upsetting her, so she has been working on that. She said it just suddenly occurred to her that the more upset she got, the more he pestered her, and since she has realized that, she has made up her mind not to let him upset her. I thought

making up one's mind about a thing like that didn't help much, if the situation continued to feel upsetting. She said that is certainly the truth and went on to describe what kind of person she is. She used to be calm and collected. Nothing bothered her. Then she married a man who is nervous, withdrawn, fiery, but as good as gold. He is sensitive, delicate, more like a woman. Soon after she married him she discovered that she would have to make the adjustment. When they have a fuss, she has to make the first move. She has to work with him subtly. It has been worth it, but it has taken its toll. She is no longer composed. Something boils on the inside of her and sometimes she feels as if she will explode. I asked if there were specific things that made her boil. "Almost any little thing. Of course, Daniel is one of the things." Sometimes she loves him to death and sometimes she hates him. She asked if other mothers feel that way. I told her I had heard other mothers say the same thing, but added, such intensity was probably pretty painful to her. "Yes," she said.

She then settled back and began telling me "how it all began." Her family took Daniel over completely. They thought he was perfect, spoiled him to death. I asked what she was doing all that time. She and her husband had a business and left Daniel with a nurse. The sisters lived nearby and were in her home before breakfast every day to paw over Daniel. She was thoroughly disgusted with them. She used to say to them, "You're making me hate my own child."

"But it all started before that" she said. She told her husband "If it's a boy, I won't even be interested enough to name him." All of them had their hearts set on her having a girl. Then Daniel came. "My heart sank when I knew it was a boy. I believe I have always resented that. This is the first time I have ever admitted that." She used to look at him and even though he was an ugly baby, she would say "You'd be all right, if you were a girl." I said, "You still wish he were a girl, don't you?" Yes, she does; but if he were a girl she would be so crazy about him she wouldn't have good sense, and she would ruin him.

"I love Daniel," she said, "but I love him when he is good. When he is bad, I hate him and that's where my problem is." She said when he does something that "gets" her, she gets furious—so mad she can't think about anything but herself. She does manage to control herself. She said if she "let loose" she would kill him, but even when she "holds in" it must affect him. When she gets over her rage, she doesn't want to do anything to him.

She talked on about how that must affect Daniel. He really never has had any restrictions put on him until recently. Now she is trying various things, but she hasn't found anything that is effective. She used to think she knew so much about psychology and about children, but now she realizes that she didn't know anything. She read too many books, talked

to too many people. I asked when she became aware of all this. About a year ago, she said. Up until that time she had blamed everything on other people. It was when she moved away from the sisters that she realized that the trouble was between Daniel and her, and it has been just within the past few months that she has been trying to do something about it.

Somewhere in the interview M spoke of Daniel's being withdrawn, of his cleverness and of his temper, but so much of the emphasis was on herself and what she might be doing to him that his behavior slipped into the background.

3/2 (*Psychiatrist*). Daniel is an attractive boy of about average size for his age. In the waiting room, when we were introduced he gave me a rather impish smile, and when I asked him if he wanted to come with me while his mother talked to worker, he said no, he didn't want to come. It was obvious from his manner that he was enjoying fighting his mother and being contrary, so I said that I thought he was just having fun being contrary. M said sarcastically for Daniel's benefit, "Oh, no, Daniel's not contrary," and with it she left abruptly to go with the worker. He came along quite willingly then and on the way up he said foolishly, "We're going up to twiten twat," repeating it several times.

When we got to the office, I asked him how he happened to come to see me and he said, "I wanted to." I said, "Like heck you did," and he laughed. For a while he played with the doll house. He talked to himself considerably, chanted and repeated things, in general just acted silly. He looked over every piece of furniture in the house and of the house said, "Ruthie has one like this." I said I thought he would like to have one like it and he admitted that he would.

From this point on, Daniel was just as contrary and as bad as he thought he dared be. Picking up one of the dressers he told me that the mirror in it was glass and that it would bust. I said I thought he'd like to bust it and he put it down just as hard as he thought he dared without breaking it. Typical of much of his behavior and of his questions, (there was a continual stream of why's) was his asking about the number of the house. "Where's the number?" I ignored him and he fairly shouted his question the next time. I said, I thought he knew where to find it, and he finally turned the house around. Looking right at the number, he asked again about it: what was it? I said, "What do you think?" and he read the number out loud. He was irked because the front part of the roof wouldn't come off. Why wouldn't it? I said, "Because it's nailed down, that's why, and I think it makes you pretty mad." He didn't say verbally that he was mad but proceeded to show it by getting as aggressive as he dared. He was quite active, tried practically everything in the room, and at times had quite a silly grin and giggle. He tried the blackboard, the games and

toys on the shelf, the piano, etc., and had a steady stream of foolish questions about all of them. I often ignored him or put the questions back to him, saying that I thought he knew and was just asking questions to get me to answer them.

Finally he transferred his activities to my desk and decided he wanted to tear my blotter. I encouraged him by saying that I knew he wanted to, but he was just a little afraid of what I might do. He toyed with the idea for some little time and then finally got the blotter down on the floor and bent it, shouting in glee that he had done so. I took it away from him then and said that I wouldn't have my blotter or other things destroyed. This slowed him down for a little bit but soon he was back at the doll house. He asked about the hinges on the cabinet, the light cord, a key ring, the toilet, why wasn't there a tank on the toilet, what's this and what's that. Of my desk he said, "I've got a desk at home." I said, "I don't think you care much for this desk either or any of the other things up here. You don't like it very well that you had to come here." He didn't comment on this, just kept up his same behavior.

When the time was up, he fought leaving. I told him I knew it made him sore but said he had to go, and as I made a move for the door he darted ahead of me. On the way down it was the same thing as he passed the various doors: "Who's in there?" etc. He returned my goodbye when we reached the waiting room but without much sincerity. He was glad to get away and immediately turned his interest to the things in the room.

3/9 (*Social worker*). M came in talking about the disheveled state of her hair and how she hated coming out looking so unsightly. I thought maybe she didn't want to come, anyway, and she said very easily that she really didn't.

Daniel had asked what kind of a school is this, with nothing but play, and how long does he have to come? She explained that he might have to come three or four months and that playing was the way we worked here. I thought she herself had some questions about this place and she said she thought she got it pretty clearly when she was here the first time. She knew we couldn't give her a written guarantee, but she understood that children do come about three or four months. I told her that is so but thought she might have some question about the playing. I told her specifically about Daniel's hour, in which he spent most of his time trying to do the forbidden things.

She said that he has had bad training along those lines. She then elaborated on how her aunt used to let him get into her possessions—her cosmetics, her jewelry, anything of hers. That was when he was very small and at that time M thought it wasn't good training. She wouldn't let him touch any of her personal belongings. He doesn't bother M's

personal belongings, but anything else in the house is in danger of being taken over by him. M thinks maybe he doesn't bother her things because of habit, but he certainly gives her a fit getting into everything else.

Daniel used to play with matches, and she was afraid he was going to burn himself. She nagged and nagged at him and it did no good, so one day she took a lighted match and ran it through his fingers. He was scared to death and never has touched a match since. He used to pull the dog's tail, and when she couldn't get him to stop, she pulled his hair and asked him how he liked it. He didn't like it and never has pulled the dog's tail since. He used to kick the door, and one day she kicked him. That stopped the door kicking. He took up a habit of running into the street. One day she saw him in the street, put on her coat, went out, and told him now he would have to stay in the street. She told a truck driver to drive close to him and Daniel was really frightened almost to death. He has never gone into the street again.

In describing her feeling about all this she said she gets to the end of her rope with him. If she gets angry, she can't do anything, but if she can steel herself against the anger so she doesn't feel anything, she can do something that works. I asked how she feels about the things she does. Afterwards, she has a funny little feeling, maybe a little guilty feeling. I asked if it seemed to her she really has to go too far. "Yes, it does. It's extreme. It's terrible." She doesn't like it. I thought she really didn't like it and wondered if she had any ideas about handling it some other way. No, she doesn't, but that is something she wants to work on. She feels like a bully, and sometimes she wonders if Daniel enjoys her bullying. I asked why she thought so. It's just a feeling she gets about him and then she added, he has "an awful love on me at the present time." She described how he paws all over her, hangs on her, and how she hates that. I said he seems to be too much of whatever he is, and she said that is certainly so. She asked if I thought he might enjoy pestering her and I said it did seem as if he were seeking some kind of a response. She thought he was, and when I asked if she had any ideas about why, she said that she didn't.

She then said Daniel has been a little better this week. He had been away from her, visiting the aunts, and when he came back he really was very good. All day yesterday he played nicely in the house and didn't get into any mischief. She corrected herself on that, saying of course he did a few little things, but she doesn't mind a little badness; she expects that.

Daniel has a good head. She described the kinds of building toys he has, what he can do with them, and how really proud she is of what he can do with his head. She never teaches him anything. Other mothers teach their children, but "I don't have the patience." (Daniel came in the door

at this point but played in the corner with the toys and we continued talking for a few minutes.) I thought her not having patience was something that worried her. It does. Just recently she has started reading to him. She doesn't mind a little of it. She thinks she is a pretty bad mother. When I asked if she really thinks that, she said she really does. I asked why and she said there are a lot of things about her that she thinks are bad. I wondered if she thought she and I might work out some of those things together. Yes, she wants help. Daniel was beginning to get a little boisterous, so M ordered him to put the toys back. A little scene followed, after which she said to me, "That's it."

3/9 (*Psychiatrist*). Daniel started out today by giving me a declaration of war with a mischievous grin. He wasted no time in getting to the doll house and picking out one of the toy dressers. Referring to the mirror he informed me, "This will break." I said, "And you would like to break it too." He let out quite a string of bad names and though they were not specifically directed at me, there was no doubt but what they were intended for me. Then he said, "My mommy says I gotta be a good boy." I said, "But Daniel would like to be a bad boy." He made an abortive attempt to break the mirror but I wouldn't let him and he said, "Doctor is a bad boy." I said, "Yes, Doctor is a bad boy because he won't let Daniel do just what he wants to." He repeated, "Doctor is a bad boy and I'll call him a lot of bad names. Pee pee, poop poop." He was silent after this and then in a few moments said, "Am I gonna meet my mommy pretty soon?" I said, "Daniel, you're just a little afraid doing all these things up here. I know you want your mommy." He said, "My mommy is a good mommy. My mommy is better than you because she gives me something to eat, and you don't. My mommy's nice to me and you're not." I said, "I know you think I'm not because I won't let you do just everything you want to." After a short period of silence, during which he had wandered over to the other side of the room, he started talking about the jail house. I said I bet he wanted to put me in the jail house, which he readily admitted and repeated several times.

About this time he began to admit his fear again and said, "I'm gonna stay in the same room with mommy. I want to go and meet mommy now." He ran to the door and tried to open it, getting more panicky as he had difficulty in opening it. Finally he succeeded but I stepped up and closed it again, saying that he had to stay until his time was up, even if he was mad about it. He accepted this but in retaliation dumped all of the blocks on the floor with a crash. "I knew they would make noise, so I did it. I'll make more noise. My father can make more noise than you can." I said, "Right now it looks like Daniel is making more noise than I can. At least he wants to show me that he can." Looking at the blocks he said,

Date 16.2.67.....

DANIEL

21

Acc. No. 1274.....

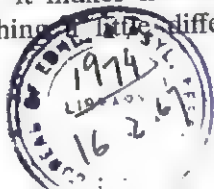
"I'm not gonna put these away." "I know you're not if you don't want to," I said and Daniel picked up a block and asked, "Where's the other one of these?" When I said I didn't know but thought he could find it, he dumped it on the floor. Then he tore up some cut-outs and screamed.

Again his fear got the better of him and he said, "I'm gonna see mommy. My mommy's talking." He tried the door again and I said I knew he was mad because he couldn't run things up here. "Well, if you want to go, I'm not going to stop you. I've got other things to do." With this he said, "I'm gonna stay," and gave up his attempt to open the door. There was more talk about wanting to put me in the jail house and again he contemplated breaking the mirror in the toy dresser but didn't quite have the courage. He was very aggressive and forceful in his play, pulled the door knob out of the doll house and then told me he was putting it back in. He finally gave up on it without asking for any help. He then made another attempt to go. I said, "Goodbye, so long," and immediately he ceased his efforts to open the door and said, "I'm gonna stay up here. I'm gonna do anything I want to." I said, "I know you are. You just have to run things."

When we got to the waiting room he insisted on going to his mother's room. I told him he couldn't and had to see the lady at the telephone and she would call his mommy. He did this, but then, despite the fact that I was standing in front of worker's office and the clerk also told him he wasn't to go in, he dashed past me and opened the door. I told him goodbye but he didn't answer.

3/23 (Social worker). M told me how sweet her husband is. He has everything but money. I commented that if she had money everything would be O.K. Ninety-nine per cent, she replied. To my "Even Daniel?" she said she would send him to school and then jumped to sending him to camp this summer. I asked if she thought school or camp would solve her problem and questioned her wanting to go on with the clinic experience. She dismissed the school idea and said she is seriously thinking about camp for the summer but as a means of giving Daniel an out-of-door experience for physical development. She doesn't think of that in relation to his behavior.

M asked me about Daniel's last hour just before he came in. I told her about the hour, about Daniel's power which he uses so negatively with the doctor, adding that the doctor is glad he can really express his feeling against him. M said he does have a will of his own, and she has been so afraid she will "break it." Her way of working with him has been to bully him and she doesn't like it. I thought there might be something about it that she does like. No, it makes her sick and during the past week she has been trying something different. Maybe Daniel is better or



maybe she is; things have been a little better. She has had a maid and has been relieved of a lot of the pressure of housework. She hates housework and when she has everything to do, she isn't fit to live with. She has been a little calmer recently and instead of bullying Daniel, has been spanking him, not very hard, but hard enough for him to feel it. She really doesn't like spanking him at all, but she has to do something. I agreed she would have to do something, and she said Daniel has never had a real whipping. She believes if he does something that is very bad, she will get her husband to give him one good spanking. That might help. She had found during the past week that Daniel really responds to what she is doing. Of course she doesn't know how long it will work. She has a young cousin who used to be as mean as the devil. When he was nine years old, he began getting better and is now a fine young man. I wondered if she was thinking Daniel would just naturally outgrow his present way of behaving. Of course she hopes he will, but if she really believed it she wouldn't be coming here. I commented on her coming here and doing something different at home as indications that she wants to try to change the situation now. She does, and she knows we can't do it all.

She said she told Dan she wasn't coming today and he immediately said he wanted to come. I said he wanted to and you didn't, but she said she had no idea of not coming, she just said that to him to see what he would say.

3/23 (Psychiatrist). Daniel was clinging to M in the waiting room when I went down to get him, and as soon as I asked if he wanted to come with me he said no. I said I knew he didn't but, "Let's go." Immediately he gave me his hand and came right along. On the way he asked if he was going to see his mommy in an hour. I said, "Daniel, I think you have it pretty well figured out."

He was very aggressive today. He went right to the blackboard where there was a house drawn. "Who made this?" I said I made it, and he immediately erased it. I also said I knew he didn't like it because somebody else made it.

He opened the offensive again by saying he was going to throw the eraser at me. He made the gesture but I just looked at him and he put it down. "Am I going to see mommy in an hour?" I said, "I know you want to meet mommy and I think you're just a little afraid you won't meet her." He was quiet as he contemplated this and then went back to the blackboard. Somehow his aggressiveness wasn't quite so marked, though he did make what he called "fire" with the erasers and smeared red chalk on the blackboard to make red "smoke." In a few minutes he came over

and took a swat at my desk with the dust-laden eraser, announcing what he was going to do about the same time he did it. I said, "All right, you can't do that on my desk," and got up to go toward him with the idea of taking the eraser away from him. He beat me to it by putting the eraser away and then coming back to wipe the chalk dust off my desk. Then he went back to his blackboard and for some little time stayed there drawing quietly. Eventually he gave up the drawing and started playing with the tomahawks. "I'm going to smash up everything in this place—in every room." I remarked that he was really in a smashing mood today. Then he tore up a paper picture of a house which was on the shelf. I said, "I think you don't like this place very well," and he repeated that he was going to smash the whole place. He threatened to hit me and then told me to move from my chair because he was going to make smoke and I might get it on me. I said, "It's just awfully hard for you to let anybody in on what you're doing, isn't it?" He looked at me and smiled and then in a more quiet way said he was going to put smoke on me. He waved the cloud of chalk dust toward me but actually didn't get any very near me. After he'd done this he said, "I pushed it on you."

For some little time he kept drawing and playing quietly and said I could see all that he was doing. I finally got up and went back to my desk but he told me right away to come back and sit by him. He was very insistent about it and I said, "I know it's just awfully hard for you to let anybody else do anything that isn't just what you want, isn't it?" He smiled then and gave up asking but went back to the blackboard and rubbed vigorously with the chalk. Perhaps I emphasized the negative here too strongly, but there seemed little doubt that his wanting me to come back near the blackboard was fighting me in the same way that he had wanted me to move away from the blackboard earlier.

By the end of the hour he had succeeded in covering himself with colored chalk, but he refused my suggestion that we stop and wash. The minute he hit the waiting room he wanted to go into worker's office. I said he had to wait outside. He grinned at me for a minute and seemed to accept my limit. I was a little too anxious to prevent his going in, however, and as I moved in front of the door he dashed under my arm and succeeded in getting in.

4/21 (*Social worker*). Telephoned M. A lady who said she was M's sister answered the phone. M took a job three weeks ago and told her sister to call us and tell us she could not come to the clinic but the sister forgot. The hesitancy with which the lady gave the "facts," the voice, the "damn" she said to the phone when she answered, led me to believe I was talking to M herself.

4/31: Closing summary. M too readily accepted the clinic's way of working and her own responsibility in the problem with Daniel. She had difficulty getting back for the second interview. In the third interview M said she had noticed a little change in Daniel, and that she was being a little different with him. After that we heard nothing from M until her letter (following our telephone call) in which she stated that she was working and her "poor little lamb will have to come into his own unaided and unabettèd by your skillful guidance."

Daniel spent his three hours here fighting every limit, attempting to destroy whatever he could get his hands on. The doctor noticed a slight shift to a more positive expression during the third hour.

M's awareness of her own part in this problem and her unwillingness to get involved in a situation in which she could not be in full command may have accounted for the sudden departure.

ADULT OUTCOME

Graduated from college. Rejected for service at age twenty-one for psychiatric reasons, with a diagnosis of schizoid personality. He was under psychiatric care for two periods in his early twenties. In one of these periods he was hospitalized for three months.

Jerry

REASON FOR REFERRAL

Behavior difficulties in kindergarten; teacher has complained child is hard to handle; mother and neighbor regard teacher as using force unwisely.

REFERRED BY

Friend of mother.

PERSONAL DATA

Age five years, seven months. Living with mother and father, sister two years younger. Economic level about average. SSI: one. IQ above 116.

3/18: Social history. Informant is an elderly woman who presents herself as an old friend of M. She is obviously intelligent, aggressive in manner, with a convincing way of stating her problem.

Jerry entered kindergarten one month ago. He is considered a precocious child and although he loves to go to school, he calls the kindergarten activities "baby work." Informant believes that the children are not kept busy enough to prevent Pt from getting into mischief. He is apt to be impertinent to the teacher. M understands from the principal that he called teacher a "damn fool" the other day. Informant thought this amusing in a child so young. The principal commented in M's presence that Pt must come from a bad home to use such language. There have been a number of minor behavior difficulties during kindergarten session and evidently M has been to the school more than once. Informant believes the teacher is quite strict. "She uses force with them, such little children." M overheard teacher yelling at the class, and believed that she was reproving Jerry especially. The child, however, is attached to his teacher and has been observed to put his arm around her.

Following an upset at school, Pt complains of feeling sick and has once or twice vomited. He will refuse to eat. M is quite concerned at this development and feels that the child reacts sensitively to the teacher's scolding even though he doesn't show it.

Informant explains that M is extremely ambitious for her children. She wants them to have the best of care and the best of education. She tries to handle the child without strictness. "It hurts her as much as it does him when she scolds." According to statement, M requested informant to come to this office for her because she feared that if she faced an interview herself, she might be reduced to tears and might "tell too much."

Informant describes M as a quiet, somewhat submissive person with only fairly high intelligence. She is married to an electrician several years her junior; informant indicates that F's intelligence is not outstanding, but he is a satisfactory breadwinner.

About a year and a half ago, Pt was examined by a psychiatrist. Informant and the family considered that the advice did not go far enough, so they did not take the child back. She doesn't believe they would now be interested in returning there.

As far as the friend knows, there is little difficulty between Pt and sibling. She has observed that M seems to have less trouble in handling sister than Pt. M does not seem to be worried about her.

3/24. Worker telephoned principal of school. Principal said she had told M that she would refer Pt, and M had filled in the application blank making it appear that the school was making a complaint against the kindergarten teacher, although this was not true. The kindergarten teacher is a woman of maturity who everyone feels is an excellent person. However, she could not stand being called a "damn fool" and being talked to in this manner by the child. She said that M belonged to a child-study group and was one of those mothers who thought that everything should be overlooked. After her talk with the principal, she immediately went to the kindergarten without asking principal's permission and arrived just in time to hear the kindergarten teacher "bawling out" Pt, as she put it. This was because Pt had just pulled a chair from underneath another boy, who sat down on the floor very hard. At that time she took Pt out of the kindergarten and has not returned him. Principal and the teacher have written her several times and principal, in talking with her, told her that he was not of compulsory school age and that she could take him out.

In her discussion with principal M presented the child as no problem whatsoever at home. However, principal learned that Pt had been taken to a hospital for a psychological examination because of temper tantrums. Principal also learned that the child is very difficult at home and that when he gets too bad for M to handle he is locked up in the bathroom

where he screams his head off. It was reported that he is a pest in the neighborhood.

4/19. M to office with Pt. Jerry is a handsome, healthy-looking child who appears to be precocious and very active. During this interview and on following occasions he displayed tremendous curiosity. He was quite affectionate and put his arm around worker, yet he displayed considerable dependency in taking her hand and wanting a great deal of attention.

M is a trim, petite, and rather smart-looking woman with a slight Southern accent. She said that there had been some difficulty with the teacher and that she had had to take Pt out of school, following a situation in which she found the teacher bawling him out in what she considered an outrageous manner. After making this statement she looked at worker and said she didn't want to criticize the teacher, she didn't mean to get her into difficulty, and didn't mean to annoy the principal, but she felt that she couldn't leave Pt in the class any longer because he was so upset. She went on to explain that she has made serious mistakes in handling the child and that she would like very much to have some help in working out his problems. She appeared to have considerable understanding of the fact that it might be her handling of the child that had caused the difficulty. She didn't know this until she read some books on child rearing. M is not eager to put Pt back in the school but on the other hand, he is getting bored just being around the house.

4/20. Called at school and talked with principal, who said that while Pt had not been attending school, he had not been taken off the books.

Worker told principal that M had talked with her a little about the home difficulties and that she probably was so concerned about them that she was unable to admit to the school that she was having problems in handling Pt. Worker said that anything done to help him would revolve about treatment of M. Principal heartily agreed with this.

Talked with the former kindergarten teacher whom Pt had had for several months. When asked about the child, she said she did indeed remember him, that he was difficult with other children and very hyperactive, but that the chief difficulty was with M, who was constantly coming to school and questioning their handling of him.

Later talked with present teacher, who is a gray-haired woman with a rather kindly, youthful face. She appeared to handle the children well and without too much discipline. She said that it was impossible to get Pt to work with the group. He shows considerable antagonism to other children and frequently doesn't want to do what the group is doing. All of the teachers know him and hate to think of the time when he will be in their classes. Worker explained our interest and what might be done to help Pt

work out his problems. Teacher would be interested in having him return to the class if he wanted and see what she could do to help him.

4/24. M came to office and brought Jerry, who has been friendly, hyperactive, and very curious as to everything that went on here.

M was born and reared in the South in a family of five. Her father was in business, and until she was about sixteen the family had considerable money. She feels that they had many advantages and spent money foolishly. About the time her mother died, her father's business collapsed. She had been reared by servants. None of the children were ever permitted to go to public school, but had tutors. M quickly hastened to say that this was a custom; many Southern children didn't go to public schools.

She thinks that she had probably completed the grammar grades in her tutoring when she was thrown on her own at sixteen; she then began to dance professionally. She was strictly brought up, her father would never let her go anywhere without a chaperon, and she was never permitted to stay at another child's house overnight, although she could have company at home at any time. Since M was the only one who had any kind of professional training, she had to assume a great deal of the financial responsibility for the family, and it was she who arranged for her two younger brothers to be placed in schools.

M came to this city when she was about eighteen, after having been a counselor at girls' camps. She got a job dancing in a chorus and stayed there for several years. However, she was so run down that the woman with whom she was living persuaded her to leave. She got an office job and did this type of work until her marriage. She met F at night school where she was taking mathematics and bookkeeping. M said that she never liked the stage; she didn't like the life, although she loved to dance. She was much happier after she got out of the theatrical world.

F is easy going and lets the children do anything they want, but recently Pt's tantrums are beginning to get on his nerves. M says she and F are very happy and that while they have never had much money, they have always been able to get along.

M was very well at the time of her pregnancy with Pt. She had no difficulty and he was born with no complications. From the time she first returned from the hospital, she saw to it that he was fed regularly and brought up scientifically. He didn't have candy until he was two years old and sleeping and feeding were carefully watched. She started toilet training when he was two weeks old, holding him over a potty. He almost never wet himself and by the time he was six months old, he was completely trained except for occasional accidents. He was breast-fed until he was seven months old. There was no difficulty in weaning. M could remember no difficulties with him until she was pregnant with his sister. His appetite

has always been excellent until the last few months and she feels his dawdling over food and playing with it is tied up with his school difficulties. M would like help in handling the feeding. At present, she tries coaxing to make Jerry and his sister eat and takes the food away after they have been at the table for about a half hour. She doesn't force, but she feels concerned because they don't sit down and eat their meals as children ordinarily do.

The first difficulty started when Pt was about eighteen months old, and M thinks that this was probably because she was pregnant and couldn't handle him as well as she had formerly, but she remembers that if she took him out, he would lie down on the sidewalk and refuse to move or he would crawl on his hands and knees and seem to want to do anything to keep the M from taking him home. It was about this time, he started to walk and she had difficulty training him not to touch things. He seemed to be obsessed with touching everything on tables and pulling off table covers. About this time, he developed tempers in his bath and showed great fear of water. In short, he seemed to love to do anything in the world to aggravate M.

After the baby was born, he showed considerable jealousy. The first summer after sister arrived, M and the children went to the country, intending to spend the whole summer, but M had a terrible time. Pt showed unrestrained curiosity about everything. It was about this time that M in desperation started spanking him and finally resorted to tying him in a chair. He resented this and would fight and struggle. Finally, M had to leave the farm and go to her sister's home. Here all the trouble disappeared. There were two older children and Pt got along beautifully, and M thought that everything would be all right. However, when she got back to the city she tried to break away from the spanking, but she said that she started it and couldn't seem to handle things any other way.

Jerry started trouble all over again. He wouldn't put his clothes on to go out and play. He would have temper tantrums and shriek and holler at the top of his voice. On one occasion he had such a tantrum and yelled so loudly that a police officer came up the street to see what the trouble was. A nurse told M to throw a cup of cold water on him when he behaved this way. M tried it twice, but decided it was unwise. She said that Pt quieted down and minded, but she felt that although there were no obvious reactions it was not the way to handle the child.

Before Pt started school, M had made up her mind that whippings were bad. She was desperate and got all of the books she could find on child rearing. Things seemed better at home, but there were repeated scenes in school. She doesn't understand why there should have been so much trouble. She said that Pt never seemed resentful and was always affectionate after he was punished. M herself is affectionate with the

children. He seems happy, loving, and sweet after a scene. M says that she is always doing things for the children. She plans picnics and parties and takes them to the park. Later she told of talking seriously with Pt recently, after he had an outburst, and asking him why he behaved as he did. Pt looked at her and said, "Because you never have time to read to me or play with me."

During the time that Pt was in the kindergarten class he lost his appetite for the first time in his life and had several vomiting spells. M took him to a doctor who told her that it was probably nerves over the situation with the teacher. He sleeps well. He has had frequent dreams recently. He and sister play and quarrel as most children do and if the quarreling doesn't become too serious, M doesn't interfere. She said that the kindergarten teacher told her recently that the sister had had a great deal of fun with mud and water. The kindergarten teacher commented that M probably wouldn't approve of this and the M said she didn't. Worker wondered why the M didn't want them to play with water and M said that they got so wet, messy, and dirty. She doesn't see why they can't play with less untidy things. She doesn't think that they show the interest in playing that the average child does.

In discussing the children's disobediences, worker felt considerable disturbance in M's manner and wondered whether she was upset when the children didn't mind. She said yes, she was, that she tried not to ask very much of them, but she could not help but feel that when they must not do something they should not do it. If, for example, she says they must not touch something, they were obsessed with the desire to touch it, and this disturbs her a great deal. M had been very guarded in discussing the situation with worker, but there was considerable rigidity apparent in her personality.

Telephoned worker at hospital who said that a report was being sent to us. Pt was examined there one and one-half years ago; he had an IQ of 115. At this time the mother refused psychiatric help and maintained that she only wanted a psychological examination.

4/25. Telephone call to physician. Pt has been under his care. The doctor said that he had urged M to bring Pt to the clinic and was very glad to hear that she had done so. He is interested in Jerry as a patient and because he knows F. He said that F is an excellent workman and a rather retiring and shy person, but he is under the impression that there is a good deal of difficulty in the home. He feels that M thinks she has married beneath her and is trying to live up to standards which are beyond the family's ability. He indicated that he felt the M was an unstable person with possible psychotic trends. He also felt that psychiatric help for M would be advisable.

At a staff conference on the case it was recommended that Pt should be referred to a psychiatric hospital for in-patient treatment and that M also be advised to obtain psychiatric treatment for herself.

4/25: Psychiatric examination. This child is one of the most hyperactive children ever seen in this clinic. As a result, he was not fully available for psychiatric examination. He had to be examined on the wing. He answered questions on about the third or fourth repetition. This was partially due to a preoccupation and partially due to obvious negativism. M also is aware of it. She described it as "opposite" behavior.

He was given an interpretation of the clinic, but cut the explanation short and immediately embarked on his own description. "My teacher always hits me at school and she says, 'I'm not coming back; I'm not coming back.' That's why I'm never going to that school." He then became alarmed and said, "Don't put me back in that school, not while that teacher is there." With regard to the children he said, "One boy always pulls my hair when I'm dancing." When asked what he did he remarked in a very matter-of-fact fashion, "I pulled his. I got troubles with my teacher too. She always hits me and pulls me."

When questioned about troubles at home he responded, "None." Then qualified this by saying, "Not this morning." He then spontaneously added, "I have a little sister and she's always getting into trouble. Sometimes she screams when my mother never combs her hair." I asked him whether he screamed and he responded, "No. My mother and father scream but I don't. If they spank me I never cry. They put me in a corner or slap me but I won't cry. I get mad." When asked what he would like to do about it, he responded, "I'd like to do almost anything. My sister always hits me and breaks down everything. I don't like her. I'd like to punish her but my mother and father would hit me. They whip me with a strap on my hands."

At this point his interest had subsided. He began to tour the room. He saw a boat in the bookcase, asked to play with it, and was sidetracked to the other toys. He responded, "I'm going to play with all of them." He picked out the sink, toilet, and bathtub, set them up on the board saying, "Here's a little how my house is fixed." Picked up boy and girl dolls saying, "Here's a little girl taking a bath. The little boy is ready to go to bed." Put the boy under the covers of the bed and placed the girl alongside of him. At this point he lost interest and walked away.

On the psychiatric-physical he admitted that he had frequent nausea and often vomited. At first he denied any trouble about eating and then said that his mother scolds about it. He would not discuss it any further. He stated that he was afraid in the dark and added spontaneously, "Some nights I have bad dreams that I'm some place but I always forget them."

After repeated questioning he produced the following: "I get afraid about everything that I hear in my dreams—tigers and lions. They are going to eat me up." He then removed all the toys from the cabinet and from the desk drawers, opened all the doors on the bookcases, investigated all the cabinets, climbed up the shelves, and finally returned to the typewriter.

He was tried out in a play-technique situation on the possibility that it might permit motor outlet which could be utilized in therapy. This was not effective for longer than two minutes. He was given a family of dolls: mother, father, sister, and brother. He picked up the knife, presented the point of it at the father and then at the mother, and finally thrust it through the sister doll. Picked up the scissors and made believe he was cutting the sister doll's hair off. He then said, "I don't want to break them." Got the elephant and made it attack all three dolls with its tusks, saying, "He's going to eat them up. I dream about that but it doesn't happen really." Dropped all the toys and returned to the typewriter saying, "They're all eaten up."

When the interview was terminated he did not want to leave the room.

Impression: Primary behavior disorder; neurotic traits; overactivity; vomiting. Marked sibling rivalry; negativistic behavior.

4/25: *Psychological examination.* Pt was a very attractive looking youngster who could easily pass for seven rather than five and one-half years. He was very cheerful, friendly, and affectionate, and made friends immediately with anyone he saw in the halls, waiting room, etc. He felt very much at home since he had come here before with his mother. The tests aroused his curiosity and enthusiasm at first, but he rapidly lost interest. He was extremely restless and distractible, and it was impossible to retain his attention for more than a minute at a time. At times he would tease the examiner, saying that he could not respond when he could, or giving obviously ridiculous responses. It was especially difficult to obtain his cooperation when material seemed too difficult for him. At such times he had an inexhaustible supply of requests and excuses to avoid the tests. He would decide that he was very tired, wanted to be quiet, wanted to go to sleep, was hungry, wanted to take a walk, was thirsty, his eyes hurt, his feet hurt, etc. When his attention was obtained for brief intervals, he gave clear-cut, rapid responses. Whatever tests he responded to had to be presented as a game. He responded a little more readily to performance material, since this gave him a greater chance for motor activity, but even on these tests he was unable to concentrate, and the battery could not be given in its entirety. Toward the end of the morning he became extremely restless, refused to cooperate any further, and walked out of the room to visit various people in the clinic whom he had met before. He was brought back and did some work, but later he became extremely hyperactive, and

it was impossible to do any further testing. When he returned in the afternoon, the hyperactivity was even greater than it had been previously, and it was impossible to complete the tests.

In spite of all his restlessness, curiosity, and hyperactivity, he broke nothing and was careful about whatever he touched. It was also interesting that when he walked out of the room, he never went far. He went either into rooms of people he had met, or to a point from which he could see the examiner. Throughout, too, he always maintained an outer friendliness and never was openly negativistic. All of his refusals were made in a playful manner.

It was impossible to obtain any reliable test results on this boy because of his inability to concentrate sufficiently and to cooperate completely on the tests. All that the tests show is that he has at least superior ability, at least IQ 116. He probably has very superior ability. He was tested at the hospital approximately one and one-half years ago, when he was four years and four months. At that time, his reactions were quite similar to those noted at present. He was described as a "playful, hyperactive boy who liked to tease the examiner by threatening to disobey and by purposely giving senseless answers. He was inclined to be aggressive and domineering." At that time, too, he was very distractible, and it was felt that he was penalized on the tests by his inability to concentrate. The test results at that time showed at least superior ability.

He would be ready to enter the first grade and begin reading if there were no personality disturbance. However, his social and emotional reactions are such that he is not ready to adjust in a classroom situation.

4/28. M to office by appointment. Worker talked with her about the advisability of sending Pt to psychiatric hospital clinic. M was obviously quite disturbed over this, but said that she could not afford to pay for private treatment as she was living beyond her budget. She is very anxious to earn money, but feels that she could not at this time pay for psychiatric treatment for herself. Worker suggested that she think the whole thing through, talk with her physician, and get in touch with us later.

5/23. M in by appointment. She has been thinking over worker's advice about sending Pt to psychiatric hospital, but she thinks it would only confuse him and give him more of a sense of insecurity. During her stay in the country, she felt that everything was going to be all right because Pt got along so well. It is only since he has been home the past week and has been upset about school that she is beginning to question worker's advice. She again said that she could not afford to take the treatment.

Telephoned her doctor, advising him of the M's decision. He said he was not surprised and he didn't think she had very much confidence in

his opinion either, as she has never been able to follow suggestions which he has made.

9/27. M telephoned, stating that she was having further trouble with Pt. He is back in school and she would like an appointment to come in and talk with worker.

9/28. Principal telephoned, stating that Pt has been back in his old school since the beginning of the term. Principal has tried him in two different classes and has observed his tantrums on two occasions herself. When he goes into these tantrums, he claws the air, becomes purple in the face, yells and throws things, and tries to choke the other children. On one occasion when principal was called in, he screamed every name he could think of at her. She said that he acted as though the attacks might be epileptic—they are so severe and he becomes so rigid. On one occasion when he called her names, screamed, and yelled, he suddenly went over and leaned on the clerk's desk as though he had lost all of his strength and remarked, "I'd like to lie down. I'm so tired." Principal thinks it is pathetic and it is as though somebody had made a physical attack upon him. Principal called M in and talked with her very frankly. M at first tried to deny everything as she had done previously. She then broke down when faced with the facts and said she knew all about it, but she couldn't bear the idea of having Pt away from her. She told of difficulties she had had with him in the neighborhood during the summer and promised to come in and see worker. Worker advised principal that it would be necessary for Pt to be placed in an in-patient ward before anything could be accomplished in the way of treatment. Principal agreed with this and said that she had never seen such a severe problem as Pt in all of her years of handling children.

9/29. M in clinic. She said that she had thought everything would go all right when Pt entered school in the fall, but there seems to be further difficulty. M was very much on the defensive and said that it was strange, because she never had any trouble with him at home. Worker said that M had had an opportunity now to see whether the difficulty would disappear by itself and that it now appeared that Pt would have to have help before his troubles could straighten out. M nodded. Worker said that M had formerly discussed Pt's difficulties at home and that some of these must still be going on. Worker then discussed the previous plan of psychiatric treatment for M and psychiatric hospital clinic for Pt. M said it was very difficult for her to face this. She didn't really see that there was a problem. Worker discussed the fact that children showing such severe reactions at school were really in conflict with the home situation, and

asked if M did not feel that it was more important than ever for her to get professional help in working these problems out.

M agreed to this and discussed the way in which she would present the situation to Pt so that he would be willing to go to the psychiatric clinic suggested. She said that she would go to her hospital to see a psychiatrist. It was arranged that worker would get in touch with her later.

11/10. M to office with Pt and sister. She said that she had gone to see the doctor at psychiatric hospital, but as this physician was out of town she talked with another doctor. After seeing the children who were in the ward, she could not consider sending Pt there. She had talked with a psychiatrist at her own, more familiar, hospital and he quite agreed with her and suggested sending the boy to a private school. Worker asked about her ability to pay the tuition of a private school and M said that she couldn't pay any tuition, her budget would not allow it. Worker said that this office had given the only advice which we felt possible in view of Pt's needs. M was very tense and said of course she had never been able to agree with worker that Pt presented any difficulties and felt that it was entirely the fault of the school and the way they handle him. He got along very well with one teacher. If he had just been allowed to remain in her class, he would be all right. Worker suggested that she again talk with her psychiatrist at the hospital.

11/17. At the hospital. Conference held with worker, psychiatrist in charge, and student psychiatrist who has been seeing M. The student psychiatrist said quite frankly that he had agreed with M, he is from the South too, and knows how she would feel about placing Pt with colored children. Worker explained to him the lack of any facilities in this city and the excellent work done by the psychiatrist at the clinic recommended. Worker said M's own hospital had no in-patient facilities. However, she felt that if M could be persuaded to take Pt for the observation period, it might then be possible to obtain a placement for him at an institution she mentioned on semi-private school basis. The psychiatrist at this institution is on their hospital staff. The student psychiatrist will discuss the situation with that physician.

11/21. Principal telephoned to say that M was at the school asking that Pt be readmitted to class. Principal wanted to know whether there had been any further developments. She is willing to readmit Pt although she feels there will be the same difficulty as before. M had told her that she could not send him to the psychiatric clinic, as suggested, because of the colored children. She thanked us for all that had been done for her, but she could not accept this advice.

11/28. Psychiatrist in charge at hospital telephoned. She said that she had seen M last week and that M had felt that if Pt might go back to school and be with a certain teacher, she is sure he will get along all right. Physician thinks that if he could be readmitted after the holidays, by that time treatment with M may have progressed to the point where she is able to handle him less rigidly and that there is a possibility that the child may be able to make a school adjustment. Worker said that principal had been very cooperative in working out the plan and that his readmission would be discussed.

11/30. Telephoned principal to advise her of the psychiatrist's further decision. She will be willing to readmit Pt and to place him in class with teacher M wants, although she will not be willing to leave him there if Pt has further temper tantrums. Principal will work out his readmission with M.

1/9. Principal telephoned to say that she was having difficulty with M. When she came in to readmit Pt, M said she had decided not to readmit him but wished to transfer from the school. She was completely unreasonable and finally insisted upon having a hearing with the superintendent.

1/10. M telephoned to say that she was having a hearing before the assistant superintendent as she feels that Pt will never get along in principal's school. Worker said that if she wished to do it this way, that was her privilege, but that worker thought that Pt might get along with the teacher M had wanted for him and that it might be worth trying.

1/11. Principal telephoned to say that M had been very unreasonable in the superintendent's office and had demanded a transfer to the school already mentioned to worker as being a desirable one. Superintendent told her that she could have a transfer, but that she could not have a transfer to that school but could have it to another school in the district. M finally left without making any decision, and it was easy for superintendent to see how difficult M was to handle. Principal thinks that M will come back and make arrangements with her to have Pt enter the class.

3/17. While at school, principal reported that Pt is now back in school and is making a fair adjustment with the teacher selected. It is very hard work but he appears to be getting along sufficiently well so that there is no question about removing him from the class. As M is under care of hospital psychiatric clinic and Pt is back in school, record is closed.

9/30. While at school, principal reported that Jerry is making a very good adjustment. He is still with the same teacher and while this teacher

keeps her fingers crossed, he has not been in any difficulty this term, which is not yet very far along. He has a number of gold stars for good behavior and is quite the good boy in the class now.

ADULT OUTCOME

Entered service at age twenty. One year later he was admitted to the hospital with symptoms of bizarre and impulsive behavior, withdrawal, and depression. Although not acutely disturbed he was subsequently transferred to another hospital one week later for further evaluation, with the diagnosis, Schizophrenic Reaction, Acute.

On admission, general physical and neurological examinations were negative. Psychiatric examination revealed a quiet, reserved, well-oriented individual who was in good contact. He verbalized slowly, carefully, and was quite coherent. He was not depressed. Stream and content of thought were within normal limits and there was no indication of a psychotic or severe neurotic disturbance. Intelligence appeared to be above average and judgment and insight were superficially adequate. In relating his previous difficulty, the superficial courtesy and politeness of Pt was noted to cover an undercurrent of hostility and resentment directed against his occupational dissatisfaction. A rigid, unyielding defense is illustrated by Pt in his intellectualizing attitude toward his illness. There were definite evidences of a compulsive personality with no overt compulsive mechanisms. Pt displayed little affective involvement in his present illness, but this appeared to be on the basis of conscious suppression rather than intrapsychic blocking. He professed an amnesia for the events immediately preceding his admission but the health record revealed the following description: "While on watch, the patient began carrying on several destructive acts. He poured coffee into a piece of equipment and slammed some tools down, after which he threatened another man with a chair. Subsequently he became quiet and remained standing in the center of the room and would speak to no one." Until this episode his activities had been apparently normal. His relationship with his fellows had been friendly and cooperative. Two days before, he spoke to his officer stating he wanted a transfer. On first admission to the hospital, Pt was described as volunteering no information and answering direct questions only with "No" or "Yes." Although continuing quiet and cooperative, he remained withdrawn and did not relate to any of the patients on the ward. At present the patient relates the rapidity of his improvement to his removal from a situation which had become a source of tremendous frustration and resentment to him.

His background revealed that he was born and raised in a large city, the elder of two children. His father is an electrician who has always been

steadily employed. Pt states his parents have never had any marital difficulty. He denies any history of childhood or adolescent emotional difficulty, except to state that he had a "violent temper" when he was in early childhood. His educational adjustment was always quite satisfactory and his family was quite interested in his social and educational success. He finished his first term in college but states that in his last few months of school he developed general nervousness, inability to keep up with his work, episodes of depression, and as a result failed two courses. Because of the illness of his father, his family started having financial trouble and the patient decided to quit school and to enter service. He had no difficulty throughout basic training. Although desiring to be a medical corpsman he was sent to Radio School which he detested. His nervousness and depression again developed and the Pt described himself as being "on the verge of a nervous breakdown." "I felt I couldn't go any longer." However, he managed to complete Radio School and reported to his station about three months before admission. He states that he got along well except for his nervousness and decreasing motivation for his occupational assignment. Because of the frustration and resentment directed toward his work he states that he became increasingly irritable, impulsive, and constantly felt like running away. Because of the fear of what would happen to him, Pt managed to suppress his impulses and finally he felt that "I could take no more of it" and engaged in the behavior described above.

While on the ward Pt's overt behavior and emotional expression have been within normal limits, but in his verbalizations he remains resentful of the service and without motivation for continued duty. In view of his rapid recovery and the absence of any observable underlying psychotic mechanisms, the episode that preceded Pt's admission can be best viewed as a fairly well suppressed temper tantrum with partial loss of control of hostile, aggressive impulses. In view of the depth of Pt's resentment and his illustrated inability to accept frustration and postpone immediate gratification of immature impulses, it is the opinion of the psychiatric staff that this man cannot be returned to duty. It is recommended that he be discharged.

The diagnosis was changed to Passive Aggressive Reaction. One month later he was given a slightly unsatisfactory discharge.

Keith

REASON FOR REFERRAL

Mother is quite concerned over Keith's stuttering, a matter of the last few months.

REFERRED BY

Doctor.

PERSONAL DATA

Age four years. Living with both parents in a poor neighborhood. Sister ten months younger. IQ 102.

REASON FOR REQUESTING RE-OPENING, AGE TEN

K is extremely nervous and doing poor school work. M feels that the family has had a great deal of trouble and that patient is an unhappy child. She is anxious to help Pt so that he will become happy and will do better school work.

REFERRED BY

Teacher.

PERSONAL DATA

Age ten years; third grade. Living with M; F and M separated about a year earlier and divorced two months earlier. IQ 91.

1/9: Social history. Father, age twenty-three, married at nineteen to M, says he has always been in perfect health. About six months ago, F began going on monthly drinking sprees. He gets deathly sick and begs to be let absolutely alone until he gets over a spree. Between sprees he does not drink, and M never knew him to drink before this time. She fears that

he will have an accident at work. She has threatened to leave him because of this drinking, but says that she would not go very far and would come back shortly. F has always criticized drinking. M feels even more strongly about it. Neither one wants the children to know and the thing has become a matter of sneaking on F's part and a great worry on M's.

F had ninth grade education. He would not study and quit. At the time of his marriage he was a bargeman. He earned four hundred dollars a month and was able to save money, and at the time of Pt's birth felt secure. He said that he was laid off after an illness and decided to go into business. He had some savings and is now part owner of a small dry cleaning shop, but looks back at his barge job as the one most satisfying to him. He enjoyed the feeling of freedom, the fresh air. Being cooped up at his present job is not pleasant. F is not earning much at present but seems to think he must accept that as inevitable.

Most of his time is spent in the shop. He has little time for the children and less time for M. They get a trip to paternal relatives once every six months and sometimes go to evening service together. Any recreation seems to be in the form of drinking sprees with his fellow worker.

F appears to be a mere boy, is flushed and embarrassed in the interview and has many little mannerisms. He is slow to describe his feelings. F says he is satisfied with everything. M said that he was quite proud, especially about the neighbors' opinion of him, but this did not keep him from drinking conspicuously.

F says that he and M had different attitudes and ways, but is very inarticulate about these. He says that he always tries to please her and she does the same for him. He has always taken all responsibility for the money, and she expressed satisfaction with this arrangement as F has always been willing to give her extra money when she asked for it. F appreciates the fact that M is a good cook and a good mother. He does not know how to evaluate her nervousness. She worries more about the children than he does.

M took the initiative about Keith's stuttering, although F says he has noticed it himself. He believes he would not have noticed it if M had not called his attention to it. Pt seems fluent enough when visiting the father at the shop, but he is noticeably bashful with adults and strangers and while never very talkative, now seems to hesitate over new and big words. He was interested in getting Pt's stuttering cleared up because he did not want Pt mocked when he started to school and he thought this was the biggest consideration. He said that he knew of no stuttering on either side of the family.

Mother, age twenty-six, married at twenty-one to F. She is of slight build and inclined to look frail. She reports no illness. Went to school

until she was fourteen. Gets recreation chiefly by Sunday school and church attendance. She had no religious training herself; she began to attend when she felt the children were old enough. F has little interest in church, although he sometimes attends as a concession to her. He was raised strictly.

M was very open and frank in her discussion, did not hesitate to discuss F's drinking when the subject came up. She asked worker not to tell F of this discussion. M makes a moral issue of drinking. She never knew it in her own home. F flatly denied his drinking when the question came up in a roundabout way in his interview. M is ashamed because of the neighbors' opinions. She says that she is decidedly more nervous since F began to drink and she believes it has a reaction on the children because she is easily irritated now when they are noisy in their play. F said that M often cried about the children because she had had such a strenuous time with them all day.

M says that she is extremely concerned about Keith's stuttering because of the effect it will have on him when he starts school. She has tried to correct him. She says that others say she is partial to Pt and that the children are divided as mother's boy and father's girl. M takes Pt everywhere she goes because he fusses when she is away. Pt sleeps with parents, and M says that she would miss Pt greatly if she had to make a change in this. Pt realizes that mother is worried about F's drinking, having heard her discuss it over the phone. When F is cross at M and M is hurt, Pt hugs her. M says that F appears more interested in the younger sister and really seems to prefer all men to M or any women.

Parents had a two-year courtship. M did not know that F was only nineteen when they got married as he had lied about his age and had really acted older. M was anxious to have children because F was away most of the time and she needed something to occupy her time. F said there was plenty of time to have a family and when M became pregnant, hung his head in shame, saying that everybody would laugh at them just as they had laughed at their marriage. Pt was born just about a year after the marriage and M was determined to have a boy. The next child, a girl, was not planned for. M miscarried, but the child lived. Since this birth, she says that she simply wants to scream during intercourse. F is disturbed because he knows intercourse is hateful to M. He seems to have the same affection for her that he always had. M wonders whether her frigidity has anything to do with F's drinking. She believes that Keith does not know anything about their intercourse because he is asleep.

Sibling, a sister born less than a year after K, was a premature baby. She was not expected to live, but doctor and M pulled her through. She is not as spoiled as Pt because she was too tiny to be handled much. She is

now quite a tomboy and enjoys games with Pt, who also is quite satisfied with her companionship. She is selfish and bossy, but Pt accepts her domination beautifully.

Family are now buying their own home in an industrial district and F's shop is near. He has always wanted to have his own home and had enough saved from the barge job to buy a home. M was never satisfied with F's work arrangement because it kept him away from home for two weeks at a time. He now has long hours—leaves home before the children are up and gets home after they are in bed. Sundays he plans to spend all day with them and apparently all enjoy this contact. Even the neighbors remark at the wonderful relationship. F leaves all the training of the children to M and both seem satisfied with this arrangement.

Keith had an easy, normal birth. He was kept on the breast for six weeks. He was weaned easily, having already become accustomed to taking water from a cup.

Pt was always a crybaby. When he was two months old he already seemed very spoiled. Maternal uncle was living in the home at this time and M claims that she had to spoil Pt so as not to interfere with uncle's sleep. Pt did not sleep much his first two months. Very early he cried to be picked up, was restless at night.

He walked at nine months and said his first word at eleven months. He always talked very plainly until six months ago. He never talked baby talk, seemed slow to talk in sentences. Pt now seems to be using both hands equally, but M has made a special effort to make him right-handed.

Pt was trained at one year and could have been trained sooner, if M hadn't been pregnant and had not had to keep Pt from disturbing maternal uncle. Pt has never used a pacifier and has never sucked his fingers, but very early learned to take a blanket to bed with him held tight in his arms. He seems to be more fearful than formerly. He is now afraid of the dark and afraid to walk through the house alone. He refuses to dress himself, insisting that M wait on him. Pt is in good physical condition at present. He sleeps well, has regular hours and an afternoon nap. Pt has no food fads, eats three regular meals with snacks in between. He never asks questions about his body and M anticipates difficulty when he begins.

Keith plays outdoors a great deal and seems willing to leave the house. He likes to look at books and is extremely careful not to tear them, especially in contrast to his sister, who is very destructive. Pt has had no playmates except his sister. M declares there are no children in the neighborhood, but added that she disapproved of two possible playmates because they used such bad language and that last year Pt got in with some "rough" children and came home crying. Pt seems to make a good contact in Sunday school, which is his only contact outside of his home. He is very unselfish with sister and gives up his toys easily.

Pt is a sensitive child, has his feelings hurt when anybody talks roughly to him. He has always cried about everything. At the doctor's he cried without ceasing from the time he got on the elevator until he was ready to leave the doctor's office. He seemed to be in real distress and M made no attempt to do anything about it, nor was she irritated. M believes that Pt's timidity is as much a problem as his stuttering.

M noticed Pt's stuttering about six months ago. He cannot even say "Mama" without stuttering. He stutters chiefly when he is excited, playing, or wants to talk very fast. It seems to be getting harder for him to talk at all and the stuttering seems more pronounced. F thinks he stutters when he cannot find the word for his idea and also when the idea does not come readily.

1/20: *Psychological examination.* IQ 102. Keith came to the examining room readily, showing no hesitancy in leaving his mother. He was jolly and spontaneous in his attitude. He was somewhat restless and hyperactive and lacked persistence. Stuttering occurred at times, though at other times Pt was able to say whole sentences without any stuttering whatever. The stuttering takes the form of repeating the first syllable of a word rather than the first sound or the whole word. His speech shows a tendency also to leave out certain letters resulting in the impression of infantile speech. He showed some tendency to dawdle and it was frequently necessary to call his attention back to the test. He showed a certain amount of awkwardness in manipulation with his hands, especially on those tests requiring finer movements. There seemed to be a slight tremor though this did not persist throughout the testing.

1/20: *Psychiatric examination.* When social worker introduced Pt to psychiatrist, he immediately hurried out and wished to have nothing to do with the examiner. He was on the verge of crying when he left.

4/19. M phoned in response to letter about appointment, saying that F did not wish her to continue study as Pt did not seem to be getting anywhere. M said that she herself wished to come in.

5/10. Called at home. K is stuttering badly at present.

6/18. M called, very pleased to state that Pt had the measles and she could not keep her appointment.

10/31. M thinks Pt has shown considerable improvement. She is not interested in continuing clinic contact. Consequently, *case is being closed* on this date: status—improved.

5/19: *Case re-opened, age ten (six years after case opening).* Father's drinking became so habitual that within the past two or three years Pt's only memory of him is in connection with F being intoxicated. M said F's work kept him away from home a great deal of the time. As far as she knows, he does not drink on the job but seemed to come home for his drinking sprees. There was never a weekend when he was sober. He would come from his work intoxicated and would remain in that condition until Monday morning when he set out for work again. M said that F always did well in his work and generally earned a good salary.

While at home he was not the least bit interested in his family. There was little companionship between Pt and F. Pt, however, seemed to want to make friends with F and always became upset when he came home intoxicated. M said F was very cruel and rude during his spells of drinking. He would often threaten to kill M. He would blame her for having the children and tell her that she was responsible for all of his troubles. Pt would become very upset when F began quarreling with M. F and M separated about a year ago and the divorce was obtained two months ago. M does not know where F is. He has not assumed any responsibility for the support of M and the children since their separation.

Mother said it is a great relief to her to have F out of the home. His drinking caused her a great deal of worry and she was especially concerned about his influence on the children. Marital relations were very unsatisfactory. At the present time M is employed in a garment factory.

M seems especially concerned about Pt's school progress. She said she would like to have some idea of what could be expected of Pt and where she could help him with his school work. She seems to feel that the whole situation is better than it has been for a long time. She brought out that F attempted suicide several years ago. This happened about a month before Pt entered school, and she thinks this probably made it difficult for Pt to be free and relaxed in his school activities. M said that there is very little difficulty between the children.

Pt has had no serious illnesses and is considered to be in good health at the present time. There is no difficulty in getting Pt to go to bed at night, but he is usually restless in his sleep. He invariably grits his teeth, kicks and talks. He has a good appetite and has no food fads. Pt has been held back twice and has been promoted provisionally to the third grade. Teachers have said that when he is working alone he seems to get along fairly well but as soon as they come near, he begins to shake and become fearful. He is afraid of criticism and cries easily when scolded. M does not think that he is afraid of his teacher and he has often said that he is fond of his teacher of last year. This teacher seemed to be especially interested in him and gave him a great deal of individual attention. M said she is an unusually kind person and is never overly critical.

M said Pt has had teachers whom she feels were thoughtless and overly critical.

It is very difficult for Pt to do any oral work or work at the blackboard. He also has difficulty with his reading.

Both teacher and M find it difficult to understand why Pt becomes so afraid when his teacher comes near him because the teacher has always been very kind and helpful with him.

M said that Pt plays with two boys who are very quiet. There is seldom any quarreling. M said she has never known Pt to get into a fight with other children. She feels that he is able to get along with them.

M described Pt as being a very serious youngster who seems to be afraid of criticism. He begins shaking and often bursts into tears when his teachers or M scold him. M recalls that when she used to spank him with her hand or with a small switch he would cry and act as though he were being hurt very much. Pt is also afraid of any criticism from the neighbors and seems to become nervous around people he doesn't know.

Pt is very fond of the elderly woman who lives in the home with them and will tease and joke with her. The elderly lady is very fond of him and has at times told M that she is too severe with him. M said she used to punish him by spanking him but now tries to punish him by talking with him. M said that it really is seldom that she has to punish him because he seems so anxious to please her. M said Pt is always greatly concerned that she is not feeling well. M refers to his stuttering as having been at its worst when she was in poor health. When she regained her health, Pt's stuttering cleared up.

9/13: *Psychological re-examination.* IQ 91. Keith came to the examining room readily. He stated as soon as he sat down, "I'm crazy." The examiner asked what he meant and he said he just meant that he was crazy. When memory tests were given, Pt said, "My memory is just about as long as my fingernail." The examiner stated that perhaps if he tried to remember things, his memory would be longer than this. Pt's performance on memory tests improved after these remarks.

Pt was inclined to make attention-seeking remarks. He often said, when a test question was read, "That's untrue." His responses to many questions, particularly those of the verbal absurdities, began with, "If he had any sense . . ."

On the whole his concentration was poor and he seemed somewhat bored with the examination. For these reasons, the test findings are regarded as minimal.

9/13: *Psychiatric examination.* Keith is a very slender boy. He was superficially at ease during the visit. He talked spontaneously and he occasion-

ally made some absurd remark in a desire to be humorous. He toyed with the telephone, he walked to the window, and sat down again. It was noticeable, however, that his facial expression betrayed some apprehension from time to time, chiefly in the earlier part of the visit.

He dismissed the subject of his father with the statements that he has not missed him and that he drank up all the money he earned. Yet there were tears in his eyes when F was being discussed.

He spoke well of his mother. He is very fond of her. She treats him well.

He is happy about "two thirds of the majority of the time." (This was said in a joking way.) There is nothing to make him unhappy.

He looks forward with pleasure to the beginning of school. He seemed self-conscious about his school failures; he blamed them on illness. He denied feeling uncomfortable in the classroom or upset by criticism from the teacher. "She has never had to punish me."

He has several boy friends of his age who live near him. He sometimes goes to their homes to watch television. He has not had any fights. He would not wish to fight even if he were stronger, but he would like to be taller, heavier, stronger, a good fighter.

He is not decided about his future field. He may become a preacher but he might prefer to be a policeman.

He has been told that he was nervous but he doesn't know in what way except that he worried a lot. He could not give the subjects of worry; he merely said he worried about "everything."

He showed a tendency to adjust to the visit by being amusing, challenging, a bit teasing, a bit bold, and by being helpful. (After the visit he brought a cup of water to the examiner who was at that time talking to another staff member. He immediately went for another cup of water for him.)

He gives the impression of being insecure in a way he can't describe and of having been at a disadvantage with other children and unable to have things many children have. He is probably much more timid than he admits even to himself.

9/13. M and Pt in the clinic by appointment. Pt seems to be enjoying school this year and so far M has not heard any complaints from him. She thought about going to talk with his teacher, but because of her work has not found the time. She goes regularly to see how the children are getting along. Pt and sister are not in the same room this year, and M believes this is a point in Pt's favor. Mother said Pt has never been as hard to understand as sister. He has always confided in her and seems to want her attention, while sister has always seemed indifferent to her.

M feels that Pt's real problem is not having a father. In some ways Pt

may feel better having F out of the home, for it always upset him a great deal when F and M quarreled. When Pt was six years of age he used to double up his fists and come between F and M during their quarrels, hoping that he would be able to stop F from quarreling.

9/23. Pt met the examiner last week, easily fell in with conversation and play. His new teacher is pretty cranky. None of the work is hard. He can see that some of the kids are going to fail this year but he is not going to be one of them. They sure have a lot of play at school. They have three recesses. He would rather play with the kids in the fifth or anyway the fourth grade. He doesn't like to play with the little kids.

The boy does not admit to any imaginative play, evading the issue, but several times during the interview he appeared vaguely preoccupied, staring at nothing and remaining silent. With slight stimulus his face lit up.

Both M and clinic anticipate his learning to come to the clinic alone. In the meantime he is going to impress the examiner each week with the hard things he is learning at school.

9/30. Pt enjoys coming to the clinic. He says the teacher isn't as cranky. He proudly displayed some arithmetic, with very little feeling for column placement in addition, resulting in large errors in addition. He has a high manipulative interest, hooking up fans, etc. He looks forward to learning how to operate the dictaphone, which is an inducement for his coming alone next time.

10/4. Worker called at the school and talked with the principal and teacher regarding Pt. They both seem to feel that he is getting off to a good start this fall. His teacher plans to give him some reading tests and to give him some special help in reading. They feel that he may feel a little self-conscious because he is taller than the other children in his group. The children seem to be fond of him but he does not mix readily with them. He has a tendency to bid for the attention of adults. Principal has observed that if she gives him any recognition on the playground he is always back for more. She has observed that he plays baseball well, and she has encouraged him to enter into activities. Neither his teacher nor principal have noticed whether he has any special friends. There are never any reports of his getting into quarrels with any of the children.

10/14. Worker saw M in the waiting room for a few minutes during the time that Pt was seen by the psychiatrist. She said Pt cried last week when he could not come in for his interview.

It was impossible during this interview to get very close to Pt. He showed the examiner some slightly more difficult arithmetic problems

than he had been able to do before. He insisted that he had not missed any words in spelling for a week and generally put up a front of being very well satisfied with things. He was allowed to use the dictaphone, over which he giggled. During this recording he agreed that he was talking much better than he used to and stated that his mother got quite nervous when he refused to do the dishes, at which times she occasionally spanked him. He indicated that such bursts of temper and spanking were rather frequent. At the close of the interview he took the dare to come next time by himself.

10/21. Keith came alone to this session. Some silly behavior occurred. Outstanding findings: considerable repressed hostility toward authority is suspected from the letter he dictated to his teacher, calling her "a gripey old puss," "meanest teacher in the whole school," "We ought to go out and shoot you down," etc. This was all done in good fun, but on questioning he agreed first that she was mean and that at times it did seem as though there were a lot of people giving him orders; secondly he agreed that she wasn't so very bad and that probably a lot of those kids made her mean.

11/4. Cursory physical examination given on this date shows that vision at twenty feet is reduced. He says that in reading he has to hold the books close to his face. Other findings are normal.

He got his report card. He failed only in arithmetic. Best grade was in hygiene. He agreed that at times he cannot see well what is on the black-board.

11/18. Some of his attitude toward his teacher can be shown in the letter dictated to the examiner.

DEAR MISS ———: You are so bossy you ought to be fired from your school. The devil couldn't live with you because you are so dirty and mean. You whip us boys so much that no wonder we don't mind you. We ought to kill you or something. What makes you so cross? Do you have any worries of any kinds? You can't eat without making a noise. You chew gum with your mouth open. You do not wash your neck and ears before you come to school.

An effort was made to line him up on the right side with the new teacher.

11/19. Sister says that M loves Pt more than she does her. M said this is not true, that sister may feel that she does because she has to scold her more than she does Pt. Pt is always truthful. M cannot count on what sister says. There is some indication that Pt tattles on sister.

12/2. When he plays with puppets the conversation is that between a cranky teacher and a boy who stares about instead of doing his work.

12/9. Keith asked to use the dictaphone, during which play he brought out the fact that he does not like most of the children at school, and they do not like him. "They keep calling me names all the time. I don't like to play with them, and they don't like to play with me."

12/30. The boy is unusually inclined to buffoonery this time, making a silly phone call to his friend, playing the typewriter like a piano without making any words, declining to dictate anything sensible to the machine, putting his feet up on the desk in playing that he is a big shot, making bugle-like noises into the dictaphone. It was interesting in this last that he got off the statement, "I ain't a-going to come see you no more," in the midst of caterwauling and again, "Why shouldn't I be sassy?" One gains the impression that he is somewhat preoccupied over something. He shows no great interest in his Christmas knife, mentions that he rode a wild horse (a small pony) for a block and adds with a boasting manner that his mother was afraid, but he came all the way to clinic by himself this morning.

Told that he needn't come any more if he didn't want to, he said, "Oh, I'll be there all right next time. I'm coming."

1/13. Nothing unusual in this interview. The boy says that his teacher is lots better now. In fact since he has helped clean off her desk she says she likes him so much that she thinks she will keep him in her room. One suspects from this, as well as from the boy's obvious inability in arithmetic, that he is failing in school.

Emotionally this boy appears now to be fairly stable. However, he is lacking in interest and energy output such as he must show to force his slightly slow intelligence to keep pace with school work.

1/16. Keith seems to be changing his attitude toward his teachers. For one thing he is going to pass. M asked what to do about Pt continuing interviews. Worker said that it would be something which Pt and doctor might talk over if Pt wished to do so. M said things seem to be clearing up and she feels that she understands the children better, and since it is difficult for her to get away because of her work, she will not come in to talk with worker further unless something comes up which she or worker would like to talk over.

2/10. Little of significance brought out during this interview. Pt has a new teacher and does not like her as well as the former one.

2/24. Chief item distinguishing this interview is the fact that Pt brought several items of immaturity into open statement. Pt says he still has some temper tantrums. Doctor could not imagine Pt having very bad tantrums any more. "Well, you mightn't think it but I do sometimes." Doctor is sure that Pt is getting more mature in that way, particularly now that things are going better at school. Pt agrees that many things are going better. The kids no longer call him names, and it doesn't get his goat so much to have them tease him. He plays a little more than he did. He still thinks his present teacher is terrible.

3/9. When I wondered how much longer Pt would care to come to the clinic, he immediately retorted that he would like to come every day all the time. "I sure like it better than that old school." Toward the end of the interview the subject of his father was introduced into the conversation. Does he see F very often? "Sure I do." Does he enjoy seeing him? At this point there is an abrupt interruption, and he states that one thing he wishes he had was a kite. Subsequent conversation apparently establishes the following connections—other boys have kites, and other boys get the money for their kites from their fathers. Pt does not have any kite or money for a kite from his father. "He's the stingiest thing. He would no more give me a dime than anything."

3/16. Keith shows an increasing tendency to simply visit in the office, rather than demanding to have something to do. He wanders about from one part of the office to another, draws, types, looks at pictures, or simply converses. With this greater freedom is more freedom of conversation; more little obscene expressions are creeping into the Pt's talk. Toward these the doctor shows no alteration of his attitude and general interest. After having failed to provoke any reaction in this way, Pt is presently telling of the time the apostle Peter denied Christ, carefully referring to the bird as a rooster and avoiding the mention of the apostle's name, suggestively keeping away from words which might have double meaning to a small boy. An attempt to proceed further with the talk in relation to F met with frustration. Pt sidetracked all such efforts.

4/6. There is a gradual tendency in these interviews to less activity in the form of horse play and more quiet discussion. During this interview it is learned that Pt's father once said that Pt would surely turn out to be a thief. He had taken a dime at the time. He says that he did not know where F is at this time. In relation to the possibility of F marrying again, he is quite strong in his opposition. "I wouldn't ever have any stinking old stepmother."

M in the clinic in response to invitation to talk over Pt's progress. She feels Pt is doing nicely, but sister is the real problem at the present. M feels that if it were not for sister, things would run along pretty smoothly at home. Pt is behaving real well and has most of his time taken up by helping neighbor boy with his paper route.

4/20. Things are generally going pretty well at home and at school. There was little or no evidence of tension.

5/4. At school Pt likes his teacher now. The kids were so good that she bought them some songbooks. She wanted to put Pt in another room but he wouldn't have that. That teacher in the other room is mean.

5/18. Nothing unusual. He has the general feeling that he is doing better. His sister is visiting with some people who are showering considerable attention on her in the way of movies, ice cream, etc. While not indulging in self-pity, Pt feels that he is distinctly getting the short end of the deal.

5/28. Pt stays until it is almost time for lunch and suggests that he would like to stay here all night.

6/1. Pt does not feel so bad about his sister now because he has learned that he is going to camp.

6/18. While molding various things out of modeling clay, Pt talks along lines connected with his sibling rivalry. Is the doctor's baby a boy or a girl? Which would he rather have? Pt would rather have a boy. On being asked, he replied that he would rather have a brother than a sister. Apparently his sister is not going to come home. He hopes she isn't going to.

7/2. Pt now has a job delivering newspapers. He is looking forward to going to camp. At one point in the interview the boy asks how long he has to keep coming here. He is told that he can quit at any time. "Aw, I was just kidding."

7/9. During much of the interview Pt and the doctor played a game of cards in which Pt cheated openly and garrulously, deriving more fun from his manipulation of the cards than from winning.

11/1. Keith in clinic. He just wished to make a brief visit. He said that it is three months since he last saw the doctor. He misses him. He said that everything is going well except that he has a crabby teacher. *Inactive.*

ADULT OUTCOME

Entered service at age twenty-one. Two years later was referred to the psychiatric service from the dispensary because of "nervousness." Pt reports he has been nervous all his life and says "It gets worse when I become upset." He reports a nervous breakdown five years ago but attributes this to attending school in the day and working at a parking lot at night. He recovered after a two months' rest. He reports this nervousness is more annoying than it is a problem.

Pt is the oldest and only male of two children from a broken home environment in which the parents were separated when he was six. The mother retained custody of the children and worked in a factory for several years to support the children. She is presently employed as a saleslady. Pt has not seen his father for the past ten years. He says his mother "was good to both of us." He reports completing eleven grades at age eighteen with no difficulties. He participated actively on the track team and reports good relations with his teachers. He received a head injury at the time school was to start at the beginning of the twelfth grade and never went back. For three years prior to induction he worked as a freight handler. He reports good relations with his employers and says he was never fired.

Dating activity started at age sixteen, consisting of one or two dates per week. At age eighteen he started dating steadily and continued this for three years prior to "just quitting." He denies any heterosexual activity, stating he gets the desire but "I just think of something else." He also denies any homosexual activity and blocked concerning masturbation, stating, "I don't remember." Upon questioning, it was learned that he feels this is "harmful or so I've always been told. It affects your mind and makes you where you can't think good." Attending movies and bowling make up his recreation and he desires group companionship, stating he has a "depressed feeling" when alone. He attends church three times weekly.

Pt is satisfied with his duty assignment and does not desire discharge.

This nervous condition apparently has a lifelong history and though he does not consider it a problem, he does desire something to either correct it or control it. History indicates a religious individual who reports his leisure time is consumed in attending church three nights weekly. There is also some indication of conflict in the sexual area though this may be due to his strong religious beliefs.

A few months later: Supportive psychotherapy given. Five years ago had a nervous breakdown marked by crying spells, didn't want to be around people, had insomnia, loss of appetite, and weight loss of thirty-five pounds.

Has made relatively good adjustment. Anxiety reaction chronic, mild.

Deeply repressed hostility to father figure. Moderate disturbance, sexual area. Shy, does not go out with girls at this time. Seclusive, quiet, passive, religious. Answers and acts in socially acceptable ways. Likes the security of the service.

Returned to duty with stipulation that he is considered permanently unfit for combat duty.

A month later: Pt working in warehouse. Confined to hospital for hernia operation. Spoke to supply officer, who reports Pt is "doing very well; he is an asset to the section and a very hard worker."

Two months later: Demoted because of misconduct.

Six months later: Discharged at completion of term of service. He is doing pretty well and has no particular complaints. The diagnosis of anxiety reaction should stand.

Steven

REASON FOR REFERRAL

Steven is emotionally unstable. He does not respond to discipline and does not play well with other children.

REFERRED BY

Principal.

PERSONAL DATA

Age six years, ten months. First grade. Living with parents, paternal grandmother, and one brother three years older. Average economic circumstances. SSI: none. IQ 89.

5/16: Social history. Called at school, talked with Steven's teacher. Steven impresses her as being emotionally confused. He doesn't seem to know what he is doing. He walks over other children and he has urinated in the hallway, saying he could not get to the toilet fast enough, although he was going the longest way. He reads well and is just now beginning to write. The mother is very much concerned about him and has asked for the clinic's help. She is a very busy woman, as she helps her husband in the store and is also interested in the parent group at the school.

5/19. Worker telephoned a psychologist, who had given Steven a psychological examination a month ago. Steven obtained an IQ of 82. The psychologist thought that the boy was emotionally unstable and he recommended a re-examination after a year. He thought that M needed guidance because she compared Steven with the older son, who is undoubtedly superior in intelligence. He tried to point out the cause for Steven's emotional instability to M, who impressed him as intelligent. He recommended referral to us for therapy.

5/20. M brought Steven for physical examination. She talked very rapidly, explaining right away that she is a former teacher and has managed a large classroom of children herself but is having a great deal of difficulty with her own children. She thinks the problem is that Steven suffers by comparison with his older brother, Claude, who is brilliant. Claude is being seen by another agency. The worker there thinks that the boy is very bright and that his stuttering is due to the fact that his mind works so rapidly that he cannot say all that he wants to say. Worker has told M that she is overanxious for her children and expects too much of Claude.

Claude talked at eight months of age and Steven did not talk until he was three. Steven also doesn't follow directions and M wonders if it is due to inability or just stubbornness. What bothers her the most about Steven is his disobedience. She tried to hurry him this morning to keep this appointment but he had to finish the book he was reading. She realizes that she should not expect immediate obedience. Steven reads beautifully but doesn't know his numbers and has poor coordination in writing. He started to walk at fifteen months, which M put in was normal for such a "heavy" child. She again repeated that her only problem with Steven was one of discipline. No amount of talking seems to help and she thinks he may disobey just out of spite. F is really very lenient with him, even more than M, but he obeys no one.

Spontaneously M told the following: She lost her oldest son when he was three as a result of a minor operation. M felt very miserable about this experience. A year later she had Claude. When asked, she said she was overanxious regarding her children even before the death of her first child. She used to keep him near her all day and ran to him all day with orange juice, etc. As an example of her concern, M said she was very uncomfortable just now as she thought she ought to be home preparing a hot lunch. She knows that her mother-in-law will get Claude something, and to miss his lunch would not hurt him; still she cannot help but feel very uncomfortable about it. They have always lived in the same house with the mother-in-law, who has given all of the children everything.

Although M tries not to make comparisons between the two boys, she knows that Steven himself cannot help but contrast his attainments; furthermore, he hears everywhere what a nice boy Claude is. Claude attends the same school, is a monitor, is very musical, takes piano lessons. Steven's teacher is a neighbor and she too is always contrasting him with Claude, whom she also taught. M has not started Steven on music lessons as she doesn't want to push the child, doubting that he has the capacity. In fact at one time, she was very much worried that Steven was really dumb. She sent for her brothers who were brilliant and they said he was not dumb, as he could read and so forth and they thought there was something the matter with his emotions rather than with his brain.

M admitted that she was very much upset and anxious about him. She also wonders if she has managed her life well. She was a teacher at the time of her marriage, but stopped as soon as she had become pregnant with her first child. She thought she should give all of her time to her children. Now she thinks she might have done better if she had kept on teaching, as they certainly could use the money now. Her husband is a college graduate and has a store of his own. M takes his meals to him as he has no one to relieve him in the store. The children go with her and play with F, as otherwise they would never see him.

Having to take F's lunch makes it very difficult. The mother-in-law, who is very old, must call for Steven after school. It is only recently that M has let Claude come home from school alone. The mother-in-law gets very annoyed when Steven is kept after school. As punishment, she tells him she will not call for him and M thinks this frightens the child, and that this is the only thing that has any effect. She thinks he would be very much afraid to come home alone.

The family are living in a cooperative apartment for which they pay a large monthly rental. M said she must have beautiful surroundings in which to raise her children.

5/22. Obtained school record card for Steven's brother, which showed that his marks from beginning of school had almost always been "A."

5/27. Telephoned Claude's speech teacher. Claude is going to him for correction of a severe speech defect. M has talked at length with this teacher and has shown a great deal of concern regarding Steven. Teacher thinks that Steven perhaps resents the attention given Claude, who is shown off by his family because of his brightness, many interests, etc. His impression of M was that she was extremely overprotective and anxious.

5/28. M brought Steven for psychiatric examination. According to M, pregnancy and birth were perfectly normal. She nursed him for nine months. He cried occasionally but for the most part was a very good baby. He was such a change from Claude and so much easier to manage. She was very much concerned about him, however, because he did not talk until he was three and only mumbled words. She used to watch carefully and realized that he could understand what she said to him. The maternal grandmother kept saying that he would never talk. He still uses infantile words but they never used baby talk to him.

M could not give the specific details regarding toilet training but "he caused me a lot of trouble and drove me frantic." He suffered from nocturnal enuresis until he was about five. She thinks his wetting the bed was purely her fault because she could not stop giving him a bottle of milk be-

fore he retired. She commented that she thought she was overanxious to see that he got all the milk coming to him. Even when the doctor advised her to stop it, she could not. He wets the bed so rarely now that she does not consider it any difficulty.

Both children developed the habit of throwing up at the least provocation. Steven is apt to be very clumsy and awkward, frequently falling and then throwing up slightly. He never crawled in the play-pen; she thinks this might have been because he had little opportunity; she had him out in the carriage or on the roof all the time. It annoys her very much that he stumbles and falls, even over cracks in the walk when she is with him. M is also afraid to let him roller skate, but he does skip and loves to run and climb. She thinks his coordination is poor, particularly in relation to writing. Steven is very tall and heavy according to a physical exam given a week ago. Earlier he had very large diseased tonsils. A year ago he underwent an operation which was successful. Before the operation she was in a state and consulted about a hundred doctors. She realizes she was upset because of the death of her older son during an operation. A second doctor had to finish the operation because the first was so nervous. Claude had the same operation at the same time. No one could understand why M did this; she was disturbed, saying neither one should have the operation and then did both at the same time. She said she was in such a daze that she did not know what she was doing.

Family history. In M's family all of them are very tall and lovely except herself; she always told her mother that she was the only short one, and that she would think she was a stepchild if the mother were not so good to her. Nevertheless, she felt like an outcast in her home. She was the oldest of the children. She was a Phi Beta Kappa at college and was given a scholarship. She returned to teach at the school in her present neighborhood. She loves school and is always there, is in charge of the parents' group and so forth. She doesn't regret giving up teaching because she knows she could not bear the worry she would undergo about her children when away from them. She thinks her husband is bright, but he is not so quick or brilliant as her family.

In leaving, M said she did wish we could take it up with the school to have Steven placed in a front seat. She also objects to the fact that his teacher is always saying how terrible Steven is. At home they have tried punishing him by deprivations.

5/28: *Psychiatric examination.* Steven is an obese child of six years and ten months. He has a very indistinct and markedly infantile speech that is difficult to understand. He speaks with a great effort and often slobbers and spits while talking. This gives him a very unpleasant appear-

ance. He is very awkward and clumsy in play. He runs poorly. He cannot catch and cannot manipulate toys well. He is restless, distractible, and laughs very easily in a quite infantile way. He gives the impression of being decidedly immature both in physical and emotional development.

He has a very strong feeling of rejection by mother. He says that M is mean to him, hits him because he doesn't listen to her. When she hits him he says he is brave and doesn't run away but he cries a lot. He has decided feelings that M prefers brother, regards brother as being more clever and more skilled. At the same time he is very eager for M's affection and on Sunday morning he always tries to get in her bed and to sleep near her. He complains that brother sleeps in the parents' room while he has to sleep by himself.

He does not say much about father, whom he describes as being very nice to him. F does not seem to play an important role in the household.

Steven gets a great deal of derision from other children. They often laugh at him, call him a dope, nuts, or crazy. He likes to play with children who are not aggressive toward him but because of his timidity, clumsiness, and infantile habits it is hard for him to find children who want to play with him. His relation to his brother is a mixed one. On the one hand he clings to Claude and his companions though brother often pushes him away. He is very appreciative when brother allows him to play with him. On the other hand he has strong feelings of rivalry toward brother and claims that brother gets many toys and has privileges that he does not have.

His scholastic achievement is apparently stressed a great deal in the home. He says, "I love to go to school because I want to learn a whole lot. I want to be a dentist or a doctor. Then you make a lot of money." At the same time school is rather distressing for him. The other children hit him for nothing. He tells the teacher and she doesn't want to answer him and says, "Go back to your seat." He says, "I love all the subjects," but he has difficulty with them and most of all he likes to sit and draw, although he is very clumsy at this and can hardly draw at all. When asked his grade he says that he is in second grade when actually he is in first grade. He then brings out his great eagerness to get promoted or skipped and his great fear of failure.

Steven tells of having wet the bed recently and of having gotten a good deal of scolding for it. He says proudly that he doesn't wet any more.

He has a number of fears, particularly at night when he is afraid of kidnappers or of big animals that might bite him. He then defends against this by saying that animals don't really bite though everybody says they do.

5/28: Psychological examination. Steven earned an IQ of 89. He is a tall boy for his age who is a bit obese. He presented the picture of an

overactive child, who went from one activity to another and found it difficult to fix his attention on one task for any length of time. With insistence that he do certain things he was able to make more careful responses and do better than he ordinarily would. He showed many infantile characteristics, such as his markedly immature speech. For example, he would say "wocks" for blocks, "dive" for give and at times it was rather difficult to make out what he had in mind. In addition to his immature speech he giggled a great deal and tried to act cute in a babyish manner.

He showed a number of behavior characteristics which were indicative of abnormality in his personality makeup. For example, when he was asked to repeat a sentence which had in it a girl's name, he said even before the examiner could complete the sentence, "No girls. I hate them." In several of his test responses he spontaneously brought out references to his buttocks and anus when there was no special reason for these references. In referring to them he showed obvious delight, and then at one point quickly countered by saying, "Boy, if my mother heard that, I'd get some licking." At various points of the examination Steven kept showing the examiner "twicks" and magic. These were very primitive, not really tricks or magic, but he nevertheless derived great pleasure from his stunts. He kept referring to the examiner in a number of different ways. He would say, "What next, Doc?" "What next, Pop?" "What next, fellow?", etc. In a number of instances he felt it necessary to impress the examiner with his knowledge and then he would start to rattle off in a reciting manner the following: "Columbus discovered America; Byrd the South Pole; Perry the North Pole," etc. His mastery of these details is an undoubted reflection of the pressures which have been put on him in the home for achievement and the effort which has been made to have him develop an extensive informational background. It is also significant that in two different test items Steven's responses referred to "finding the mother killed" and again "the wife dies," when the actual test situation did not call for any such responses or implication. Throughout the testing there were indications of abnormal responses as well as primitive ones.

The level of Steven's present mental capacities is not entirely adequate for his present placement. Evaluations reveal that he is making full use of his mental capacities in the fundamental tool subjects. His reading comprehension is equal to that of first grade pupils. His relatively good attainments considered in relation to his mental maturity are without doubt related to the pressure to which he is subject in the home to do well in school.

It seems highly advisable that Steven be re-examined psychiatrically and that further study be made of the situation. His present functioning is characteristic of a seriously disturbed boy and it is understandable that

he should be having as much difficulty as he is in the classroom. Such difficulties seem related to his home experiences rather than to questions of his intellectual ability to do his school work.

6/4. M was seen at the office. She was very much concerned for fear she would get home too late to prepare the children's lunch. She was rather ambivalent in her attitude. At one time, she greatly appreciated our service; at other times, she thought she made a mistake in bringing Steven here where there are unruly boys. A woman whose opinion she values advised her against coming here. She also objects to the way he is being handled in school but is reluctant to tell the principal as the latter might think she is trying to run his school.

9/1. Psychiatrist thought it would be advisable to close the case because M was not interested in continuing treatment.

9/12. Several appointments were made with M and she always found excuses, although worker said she would meet her at any time or any place. She admitted that she did not want to come to the clinic as she thought it would be detrimental to Steven. Worker explained that she only wanted to discuss with her our opinion and recommendations. The interview was held over the telephone. M thinks Steven is much better now and thinks the whole difficulty was that the family thought he was worse than he was and in fact questioned his mentality. In addition to this, his teacher handled him unwisely. He likes his new teacher very much and he is regarded as one of the group.

Steven was sent away to camp for two weeks last summer and for the first few days they had a great deal of difficulty with him because he was so clumsy, could not do anything, and would not obey. However, he soon learned, and M noticed a marked improvement when he returned home.

When worker brought up the subject of a neurological examination M said her own doctor did not think this was necessary. She is against doing anything that will make Steven feel inferior or different. When she told him she might be coming to the clinic again, he cried miserably, saying that he was good now and he was doing nicely in school. M doubts if she was wise in exposing him to the clinic, although she had no criticism of the clinic's handling of him. She has been reassured by coming to the clinic that he is not dumb and this has helped. *The case is being closed.*
Status: partial adjustment.

11/3. Worker received a telephone call from M, who did all the talking. She had tremendous anxiety and was very defensive throughout the whole interview.

The gist of her conversation was that instead of taking Steven for a neurological examination she took him back to her private physician, who said there was nothing wrong with him, that he was just spoiled. He gave M a good scolding for letting Steven have his own way and for giving him so much. He thought she ought to move out of the neighborhood because her in-laws live in the same building and they also give Steven too much.

She explained, defensively, how the children are not allowed to have what they want and are really deprived. She told the worker that Steven had been in a dull class and while there he drove the teacher crazy walking around the room and never obeying orders. Last Friday morning he was put in a bright class, and now he was very quiet and good. M feels that to be with bright children is a wonderful example for him.

She then said that she wondered if it were bad for Steven to be with bright children because there was a question of his intelligence level. Her fear that he was feeble-minded came out. Finally, the worker got a word in and explained why we had advised a neurological examination and then also told her that we understood that Steven had average intelligence but it might be wise to have another test given. M said she would be very glad to have it because their family are geniuses. She herself graduated from college at the age of nineteen. She realizes that if Steven is not at this mental level they do him great harm by putting pressure on him. She thinks he reads several years beyond his grade and also does arithmetic quite well.

11/12. M called at the office, bringing Steven in for the psychological examination. She had a steady stream of conversation which it was almost impossible to break through. She talked under intense emotional pressure. Occasionally the worker was able to interrupt her to make suggestions or ask a question but the general impression M created was that of being in a highly disturbed emotional state. Her pressure for speech is one of the most pathological that the worker has encountered outside of psychotic individuals. She spent a great deal of time telling about the teacher's handling of Steven's problems. She tries to justify him by saying that he doesn't do anything criminal but just gets out of his seat and wanders around. She has seen seven children in the same class wandering around. Her private physician feels that he doesn't need a neurological examination and she again went over the facts she told the worker over the telephone.

As the interview progressed, worker gathered that Steven was allowed very little play time except under M's supervision. He comes home from school, has his milk, and M may take him out to play. If she doesn't have time, she has him stay in the house. Worker discussed with her the need for recreational outlets and she wondered whether she ought to give him music lessons. Claude is taking music lessons, belongs to a stamp club, is

head of a nature study group in school, and is receiving treatment for a severe stutter which is improving. M insists that Claude loves his music and enjoys all these activities. She has thought of putting Steven in the stamp club because Claude is there. Worker suggested that she put him in some club to which his brother doesn't belong so the rivalry will not be activated. Worker discouraged the idea of music lessons until Steven was calmer.

M feared that Steven might be feeble-minded and the worker reassured her. He tends to throw up his lunch each noon. M feels he doesn't eat enough although he is quite a healthy child. Worker gathered she presses food on him, occasionally feeds him, and constantly criticizes him. Adverse reports from school make her sick and she has been punishing him by spankings and scoldings. The worker suggested that she adopt her own method of handling Steven's problems irrespective of how the school is handling them. If she felt that he was too high-strung to take much punishment, she should not give him any. M went on to explain how the school told her he needed spankings.

Later worker talked with the psychologist, who said that Steven was one of the most pathological children he has ever examined. Some of the material in his associations connected with feces came out in such uninhibited fashion that he wondered as to the possibility of an organic condition. Worker said that the recommendation for neurological examination had been given to M.

11/18. M in for appointment. Worker discussed with her the psychological findings, indicating that Steven was of average intelligence. This meant a range of IQ from 95 to 105. M began to cry. The worker tried to reassure her that this was not as disgraceful as she thought and that Steven can still have a happy, well-adjusted life if she could accept him on his own basis. M continued crying, saying, "Such a thing has never happened in our family."

She then went into a terrible tirade against the school. Conduct cards are driving her crazy. The principal is always calling for her. She has gotten so upset that she can't face any of her friends. She is going to resign from the parent-teacher group. She refuses to take walks for fear she will meet people. When she hears another mother talking of a bright child she bursts into tears. She is afraid she will have a nervous breakdown because of the way the school is hounding her.

She then said the principal has been after her to give the boy a neurological examination or put him in a private school. Worker asked her why she was so afraid of a neurological, pointing out that it very likely might be negative. Furthermore, they might have some suggestions for treating Steven so he could be better. The worker drew the analogy to a physical

disease in which M would go to any specialist if it were advised. She recognized that, but this seemed so terrible. She then brought up the question of money. Worker discussed with her the idea of observation which would involve leaving Steven in the hospital for a few days. M burst into sobs and shook her head that she could not do it.

She then began to complain about Steven. He doesn't mind her; he holds his fork the way a baby does instead of the way a grown-up person does. She is after him at every meal. He dawdles over eating for three hours.

M's overprotection of these children is terrific. She has a perfectionist ideal, drives herself and drives the children, and apparently has constant fears about their welfare. Worker tried to reassure her somewhat and told her to think over the idea of a neurological examination.

11/19. Psychiatrist said many of the findings indicate a possible psychosis in the child.

11/29. Case is reopened on this date.

12/1. Telephone call to M. She said she has resigned from the parent's group at the school and feels that if she can stay away from the school she will feel better. She is just tired of hearing about Steven and the bad things that he does.

She and her husband have decided against a neurological examination for Steven but would be glad to bring him to the clinic to see the psychiatrist again.

12/5. Worker called at school and talked with the principal. He did not know a great deal about Steven but said since they have transferred him into another class he is doing better. He considered M a very upset woman and it is hard for him to understand this because she is so intelligent.

Worker stopped in to see Steven's teacher in the second grade. She is a very competent, attractive, and unusual teacher. Worker felt that she had a remarkable understanding and relationship with the children in her room. Steven is very difficult, she said, and the only real problem in her class. He does work of a dull normal calibre, but he almost never follows directions unless she keeps after him. He acts as if he did not hear them and occasionally makes very strange responses. He once asked her, "Do you know why I am dumb? It is because I know all the answers." Occasionally, when annoyed, he has thrown himself on the floor in a hysterical fit of crying. Once when he was angry at her, he put both fingers down

his throat saying, "I'm going to vomit, I'm going to vomit." She ignores these manifestations and she said they have declined appreciably.

She said she overlooks a great deal and she seldom complains about him to M. Worker, in observing Steven in the classroom, noticed that he did not seem at all overactive or difficult. He went up and whispered to a couple of children but so did some of the others.

The teacher described him as "a big, inert lump." M and grandmother do everything for their two boys and M still dresses the older boy.

12/17 (Psychiatrist). Steven does not show much change since he was last seen half a year ago. He is still obese, speaks indistinctly with infantile speech and lisping that is often difficult to understand. There is some diminution in the drooling and slobbering while speaking but this is still present. He was still restless, distractible, given to easy, rather silly laughter. He showed the same extreme awkwardness and clumsiness. He says about school work that he is smart, never got left back, and the teacher gave him "A." When the matter is explored a little further, he says she made a mistake and put down a "D" on his report card but it was supposed to be an "A" and she is only a dope. He hollered about the "D" and she hit him and he said, "Don't give me too much service. Don't help me too much."

He has the same extreme difficulties in social relations. His friends call him dirty and say he is a baby. They jeer at him and he tells defensively how he runs after them and kicks them and knocks them down and can fight the whole bunch of them. He continues to have the same hopeless rivalry situation with Claude and says in the same compensatory way, "I beat him. I smack him down. I knock him in the teeth." The situation at home apparently shows little change. One gathers that M continues to harass him in her anxiety about his failure and in her wish to have him do things well. She is always saying, "Hurry up. Hurry up. Do it right." (The examiner observed this directly when M didn't give Steven a chance to say goodbye in response to the examiner but immediately began to nag him with, "Say goodbye to the doctor. Say goodbye to the doctor." although Steven had already started doing so.) There apparently is a good deal of difficulty about his slowness in eating. M stands over him and hollers, "Hurry up. Hurry up."

There are some anxiety dreams in which wild animals come to eat him up. Along with this there is a good deal of fear of injury from other boys, particularly related to the genital and rectal areas. He complains that one boy kicked him in his pinky so that he had to go to the doctor. He tells of another boy who received the same kind of hurt and then of a different one who was hit by a car and got his behind broken so they had to take him to a doctor. This is part of his general fearfulness of father

and mother. All in all he continues to present the picture of a markedly infantile child with some glandular dysfunction, with extreme clumsiness, drooling, infantile speech, strong basic fearfulness plus some compensatory overactivity and compensatory fantasies. At this examination there was no evidence of psychosis. The pressures at home and the deep rejection because of his physical and intellectual ineptitude apparently continue and he reacts strongly to them.

12/27: *Treatment conference.* The psychological examination revealed an IQ of 89 and very poor mechanical ability. On the achievement tests, his reading was at a first grade level; spelling, first; arithmetic, first-second.

The boy should have an endocrine examination and treatment but this is complicated because the family doctor has not advised it. M has not talked with the worker about his lisp or his fatness. She told the worker she did not consider him fat. She is only worried about his stupidity.

She accompanies both her children everywhere even more than she did before.

In view of all this, the outlook seems very hopeless.

2/6. Worker received a telephone call from M saying that Steven had been called to the office this morning. When sent to the office he lay on the floor and refused to go and when he came home that noon, he threw up his lunch.

M said that she is sick and is not able to go to the school. She talked to the principal but she hates to go over the question with him again. He wants her to send the boy away to a private school. She wanted the worker to tell the principal to give the boy a different teacher.

Worker felt changing teachers is rather inadvisable, especially since she felt Steven's teacher was unusually good. Worker suggested that a private school might not be a bad idea. It would relieve M and give her a chance to get a rest.

M talked along at great length, saying that the boy is so upset. He feels that everybody in school is his enemy, and he tells her that all the children hate him. M is in such an anxiety state that there was not much that worker could do except reassure her.

9/24. *Case is closed.* Status: unimproved.

ADULT OUTCOME

Entered service at age twenty-five. Referred to a clinic because he had verbalized suicidal intent. He was placed in a closed psychiatric ward for further observation and disposition.

At the time of his hospitalization he had been in service five weeks. He reported that he "did well" for the first two weeks and then "something happened." At this point he noted that he was unable to do anything in the proper fashion. He could no longer reassemble his rifle and could not polish his boots properly or perform other details in a satisfactory fashion. He became somewhat despondent and began to mention to his fellow trainees that he would stick himself with a bayonet.

Pt's mother is described as a "wonderful person." She is rather protective and most of his verbalizations are in terms of whether or not she would approve of the particular act in question. The father is a businessman and is described by the Pt as being rather strict. The patient's brother is three years his senior and currently a captain serving overseas. An extensive rivalry is described between Pt and his brother, and it seems as though he were constantly prodded by his mother to attempt to equal the academic, social, and intellectual achievements of the latter.

Pt graduated from high school and subsequently spent two years at college. He has been out of school for two years and since that time has held two jobs, where apparently his work was satisfactory.

Mental status examination on admission revealed a rather restless, talkative young man who insisted on asking questions that were not particularly pertinent to his present reality situation. He was observed to alternate between periods of tearfulness and periods of euphoria in which he occasionally giggled and made jokes inappropriately. A great deal of his thought content revolves about his attempts to prove himself as an individual "with responsibility." He describes in detail his plans for the future in which he will go into some type of business and make a great deal of money. He describes his attempts in the past to "be a success," most of which ended in failure. However, he does not seem to express any degree of appropriate remorse regarding the outcome of these endeavors. A great deal of his thought content also centers about the unavailability of sexual outlets in the service. He describes a plan by which organized prostitution should be permitted by military authorities for soldiers all over the world so that they will be able to do their training more effectively. He believes that the turning point of the last war occurred when organized prostitution was permitted. There appears to be no evidence of hallucinatory activity. When asked to interpret proverbs he showed marked evidence of concreteness and misinterpretation. When the cat's away the mice will play: "They're not afraid so they come out, mice aren't afraid of the cat when the cat goes away." A rolling stone gathers no moss: "When something rolls it keeps rolling and it doesn't pick up anything."

Physical examination: Within normal limits, including careful neurologic examination.

Psychological testing: "Indicates a schizophrenic reaction which most

closely approximates the hebephrenic variety in view of numerous evidences of thought pathology." Evidence of an acute reaction was felt to be present by the examining psychologist.

Course in hospital: Patient was placed on a closed psychiatric ward for evaluation. His behavior there at first alternated between inappropriate silliness and laughter and more appropriate dejection at being placed in a closed ward. No significant change in his behavior was observed following hospitalization.

Diagnosis: Suspect schizophrenic reaction, hebephrenic type. Recommend transfer to psychiatric hospital for further observation and treatment.

Patient was hospitalized and four months later he was released from service.

Thomas

REASON FOR REFERRAL

Brought into court for stealing, running away from home, temper display, and lying.

REFERRED BY

Welfare agency for evaluation in conjunction with consideration of foster home placement.

PERSONAL DATA

Age six years, ten months. Living with father, and mother who deserted but later returned. Three younger siblings. Very poor economic conditions. A temporary visiting housekeeper had been provided by the welfare agency. Many previous contacts with welfare agencies. IQ 67 to 105.

4/20: Social history. Provided by welfare agency. Thomas was recently brought into court by the police department upon his father's complaint for breaking windows in his own home. While he sat in the police station he sobbed heavily and trembled with fright. He did not say a word the entire time. He has been caught stealing from neighbors' cars and mail-boxes.

After his appearance in court, Thomas was returned to his home by the police and it was learned from his father that he requested the police because he feared that Thomas would do physical harm to the smaller children in case they were near one of the windows which he was breaking. As father was unable to run after Thomas, he felt he had to do something immediately. He was interested in having him placed with someone else or in "a home" so that he would get homesick and want to "be a better boy" before he was returned.

It was the opinion of the housekeeper that Thomas might be encouraged

to steal by F because upon one occasion when he had taken a flashlight from a neighbor's car, F had hidden it in a dresser drawer with the intention of selling it. F has also defended the child's stealing, which has made it seem that he may be encouraging him to do this. Housekeeper said that Thomas had brought home worthless articles which were kept in a pile in the kitchen. He also had a hiding place in a nearby field. In this spot he had old letters and other things which he apparently had picked up. When she tried to explain what might happen to him if he continued to do this and tried to show him that he had no right to take things belonging to someone else, Thomas showed no reaction and continued to do the same thing. To her, this proved that he had no conception of what he was doing, yet she observed that when he took things he sneaked about as though he feared someone was looking at him. She was at a loss to know how to handle him differently.

The school had complained about his taking a bicycle and other things. They felt they could not cope with him.

As there was no one in the home who could run after Thomas, he had habitually run off when he wanted to. On one occasion he did not come back until nine o'clock at night. When he saw the police coming for him he "ran like a rabbit" across the fields and lay on his stomach so that he could not be seen for the weeds. On another occasion he left the house without the housekeeper's knowledge and she had no idea of his whereabouts for several hours. The following day as she was leaving, Thomas ran from her and kept running down the railroad tracks as fast as he could go. She could not imagine why he felt he had to run but she noticed that he kept turning back as though he feared someone was chasing him. This was typical of him each time he ran from his father or from her.

According to F, Thomas "got such fits" of anger that he "lost his head." He would pick up anything near him and throw it and previously had broken other windows in the home. The housekeeper had noticed that father expected Thomas to have these "spells" and talked about them in front of him. They usually happened when he was expected to obey.

Thomas is an attractive youngster with a pleasing personality. When he stayed at home and was asked to help about the house it was the housekeeper's impression that he could be a "lovely child." However, he seemed to change almost immediately when he had an idea that he wanted to do something else and would dash off and forget all about what he was doing.

It was impossible to get an accurate picture of Thomas's development from F because each of the children just "grew up." Thomas had been the hardest of the four children to manage because he had not been disciplined properly by M. He was the oldest and had always had to help himself. As far as F remembered he developed "like a normal child."

Thomas had congenital syphilis as did his mother and two brothers.

M failed to keep the children in regular attendance at the clinic and the family was threatened with quarantine by the city health physician. M was given a detailed explanation by the doctors of the reasons for the intensive treatments and she was more regular after this. She said that she had syphilis when she was admitted to the orphanage where she spent several years of her adolescence. She was then told that her mother was also syphilitic so that her condition was congenital.

Thomas has no playthings other than the articles he finds on a nearby dump. The housekeeper dug a hole in the back yard which she filled with water so that the children could float some sticks of wood for boats. Thomas showed interest in this only a few minutes and then went away. Because children of his age were in school, there were only small children to play with. He does not seem resourceful and seems to have little imagination.

Thomas started school when six years of age but went only a week or so because he caused so much trouble. He said "naughty things" to the children and he seemed incorrigible. However, when the teacher was asked if he had defied her in any way, she claimed that he had not. "He just didn't seem to have any idea of what school was all about." Because he didn't have to attend legally until seven years old, the principal advised F to keep him home. He seemed more like an animal than a child.

F's parents were farmers. His mother died when he was ten and his father died fifteen years ago. He attended school to the fifth grade and says that he could read well but could not do arithmetic. After quitting school, he worked at home and for neighbors until seventeen, when he ran away and worked westward. For three years he was a jockey at a race track but he became too heavy to continue so he shipped aboard a sailing boat to Europe. After two unsuccessful attempts he "stowed away" on a boat to return from Europe. After drifting about in the west for five years, he came to his present home. For two summers he and his family traveled, selling kitchen utensils.

He has long been known to the police for disturbing the peace, drunkenness, assault with intent to kill, and rape. He was in a shooting at which time he was shot by a policeman. The bullet has never been removed and he has suffered with the pain of it constantly. He has to use crutches to get about. He talked a great deal in front of the children about his escapades.

F has been married three times. His second marriage was to the mother of his present wife. When she deserted him, she left her daughter with him and when he heard that his wife had remarried, he married the daughter. She was the mother of the four children. According to M (based on records) she was not certain who her own father was and she had examined birth records to determine this. She stated that her mother had lived

with or been married to two other men. She was committed to an orphanage and remained there from the age of twelve to twenty-one, knowing very little of the outside world and having few contacts with people. At twenty-one her mother came to take her to where she was living with her husband. He immediately began to show her undue attention, which eventually resulted in her seduction. She was too ignorant at that time to realize the consequence of sex relations. When her mother left the home, she and the father started touring and in the course of their wanderings were married.

She knew nothing of her mother's whereabouts and exhibited a bitter attitude toward her.

M left home two or three different times during her marriage and kept company with other men. At one time she took the children to live with her and another man because father was in the hospital with a bullet wound and she did not want them to return to him. She claimed he was cruel and hit them over the head with his crutches. However, neighbors complained about M because of her neglect of the children and her conduct.

M has been described as extremely inferior in every way and seeming "like an animal." She was uncouth and seemed to have no desire to be different.

Last year M deserted and her whereabouts has not been learned. F has received letters from her at irregular intervals but she has failed to give her location.

There was constant quarreling between M and F, and apparently there was no understanding of what home life should be on the part of either of them. The children have been exposed to everything that went on in the house. Although F has maintained that he wants to keep the children, it is evident that he is an inadequate person in every respect.

The home consists of two extremely run down rooms in a neighborhood with a rural atmosphere. The furnishings are meager and the general atmosphere is one of filth, although F has made attempts to keep things in as good condition as he knows how. There is a great deal of trash around the yard and it is difficult to get into the doors because there is always junk blocking the way.

It is the worker's impression that there is nothing in the home on which one can build a plan for any of these children, especially Thomas. F's health is failing continually and he is extremely ignorant. There seems to be little possibility of M's returning and in the event that she does, it is doubtful that she has anything to contribute to the establishment of the family life. F claimed that she was unfair to the children, often lied to them, neglected them from time to time. He believed that it was useless for her to attempt rearing them. He wanted her to come back, however.

F resents the visiting housekeeper's being placed there and he does not wish to carry out her suggestions. The agency believes her observations have been impartial and because of her general good understanding of children it is thought that she has been able to do more than any other person might have.

4/29: Psychological examination. Pt was a rather dirty, small boy, not in the least attractive. His appearance was typically dull. As he came into the examining room, he immediately got into all of the toys, and it was difficult to get his attention.

Cooperation and attention were very poor. It was difficult to obtain responses. His general attitude, behavior and reaction to the tests were typical of the very dull child.

Pt obtained an IQ of 67 and is classified as a borderline mental defective. He will not be ready for any formal education for at least another year. If and when he does enter school, slow progress should be anticipated.

4/29: Psychiatric examination. Thomas gives the impression of being more defective mentally than the psychologist found him to be. This may have been caused partially by his keeping his mouth open. However, when he was asked to draw a picture of a man the production was very immature, possibly at the three and one-half year level.

Thomas was timid and spoke very little. However, he became interested in some toy train tracks and asked to play with the train.

Thomas certainly should be considered feeble-minded. In addition to his poor training he has the handicap of congenital syphilis. Commitment will be needed eventually and should probably be resorted to soon.

4/29: Interview with father. F, who had been groaning, cursing, and complaining because of the long wait, spoke at great length and without interruption about Thomas's possibilities. He expects Thomas to be either very brilliant or very bad. He stated that Thomas has been well behaved during the past few weeks because he has been afraid that he might be removed from the home. F said he was very glad to keep the boys together and has been expecting his wife to return. She has been living in the west with another man, he says.

10/14. Thomas started to school in September in company with his brother. Although F claimed he was entirely different and no longer stole or ran away, his teacher reported that he made much trouble. One day he brought a knife, another day an ice pick, to school, and attempted to fight the other children. She could not let him out of sight during recess.

M, having returned, left home again and gave no indication of planning to return. It was planned to remove the children from the home and have Thomas committed.

1/14. On 11/6 Thomas was taken to a state school for the retarded, although both parents objected strenuously and M later remarked that if she had known this was planned she would have taken him out of the state.

M had been away from home. After her return Thomas continued to go to school looking very dirty. He had exposed himself to other children when he was in the toilet with them and could not seem to keep his hands off other children. He persisted in climbing up on trucks during playground hours and there was grave danger that he would be hurt.

After Thomas's removal M had several letters from the state school and these seemed to reassure her somewhat that he was receiving proper care.

5/27 (*Two years after case opening*). F died about a year ago and M made no pretense of sorrow. The children have been cleaner and happier, as shown in their reaction to visitors, than during the time when F was taking care of them. M has made several trips to state school to see Thomas and reported that the doctor was going to let him come home as soon as school was out. A report secured from the institution gave the following information: "A psychometric test given to Thomas shows an IQ of 80. Thomas should attend school and receive a re-examination after six months. If his IQ remains as high as it is, he will not classify for institutional care, and should be removed. Thomas's conduct since his placement has been exceptionally good. He has shown none of the traits indicated in his history previous to his commitment."

M has moved to live with a woman friend. The two women are caring for the aged father of a friend in return for which they receive free rent. If Thomas is returned home it may be that this improvement in home conditions will result in continued improvement in his behavior.

1/6: *Report from Boys' Home (six years after case opening)*. Thomas presents no special behavior problem at this time. He fits well into the group life at the institution, and his interests are those common to a boy of his age and intelligence. Not unlike most of the children in the institution, he is inclined to bid for the attention of adults.

Formerly Thomas was given to violent displays of temper. These have not been so noticeable within the last two years. He is learning to conquer himself.

Last year in school Thomas surprised everyone by winning the marble tournament, not only in his own room, but also for the building. This was

his first real success, and both Thomas and his teachers were delighted. Later he took his defeat in the city tournament easily.

He doesn't read, but loves to work arithmetic problems that do not involve this ability. He uses all the arithmetic work books that can be provided, finishing one and returning it to request another. This year he has an excellent teacher, who gives the children much individual help. He is still inclined to be a "show off."

1/20: Psychological examination. Thomas is a rather dull-looking boy. He was reserved but friendly during the examination, and was very cooperative and responsive. He generally grasped directions and responded readily, and he accepted his limitations with little apparent disturbance.

He received an IQ of 87. His vocabulary is somewhat below mental age. On two silent reading tests he showed third grade ability. In view of the wide scatter, the partial successes, and his reading handicap the examiner feels that the present rating is probably somewhat low and that the boy should be considered of low average intelligence. The rise in IQ of this boy during the past five years is very interesting. When examined five years ago, he gave a definite impression of being mentally defective and was presenting numerous problems. At the state school, however, he rated in the dull group on two examinations. He made some progress in school, and his conduct and adjustment were described as very good. The possible effect of his congenital syphilis is an open question. In any case, an important factor in the rise in intelligence scores is undoubtedly his response to the marked improvement in his environment and care. Thomas has the ability to do fifth grade work and hence is underplaced, being in fourth at this time. He is doing poor work except in arithmetic, which he likes very much. Special help should be continued in reading.

1/21: Psychiatric examination. Thomas was very clean but not neat in appearance. During the interview he appeared a very beaten down child, and in most instances practically no affect was evidenced. Only when discussing the death of his father did his eyes light up. Then he talked with detail and relish; otherwise, his responses were largely monosyllabic.

Thomas stated that he liked school, particularly arithmetic. He said his grades are all A's and B's; he has had none below that level. He looks back at his experience in the state institution with considerable hatred. He said he was beaten with a long whip while there. He likes the Boys' Home much better.

The boy stated that he likes all three of his brothers, and particularly his youngest brother. He would like to be placed in a home similar to that in which this brother lives. The boy knows nothing of the whereabouts of his mother, and no feelings were elicited about her. He remembers F and

described graphically the latter's death at the hands of the police. The boy's principal object in being placed in a foster home is that he, like his brother, might be able to have a father and mother all his own.

It is truly amazing that this beaten down, dull child should have gotten along as far as he already has, considering the early psychological and sociological traumas which he had to experience. In the first seven or eight years of his life, he received no stimulation, encouragement, or for that matter, even interest. Considering this extremely bad background, and the fact that the child had congenital syphilis, his present accomplishments are an excellent testimony to the fact that his care has been good within the last year or more. Because he has been able to respond to such care, and has shown that he can make use of some of the capabilities which were hidden or inhibited during the earlier years, it seems likely that he will continue to mature emotionally and intellectually. A good foster home would add a great deal to this boy's security and, therefore, to his ability to progress. If such a home is found, it should be one which is not too stimulating, however, since his intelligence is at best below average.

The role of his congenital syphilis in previous clinical impressions of mental deficiency is unclear. It would seem likely that the syphilis played little or no part in his retardation; instead, it seems probable that the lack of stimulation and emotional inhibition were more than adequate reasons for these impressions.

Re-referral (eight years after case opening). Foster parents brought Thomas back to the Boys' Home. The previous evening, they had caught him trying to peep into their bedroom window. Although it hurt them terribly to bring him back, they thought it would be best for the boy to be where he could have psychiatric help if it were necessary. Unfortunately, at the time they arrived, one of the committees of the Home was holding a meeting there and became interested in the situation. One of the committee members became very upset over Thomas's return and at first insisted that he be given back to the court immediately and not even allowed to remain in the Home overnight. The Superintendent explained to her that it was impossible to move that quickly. The attitude of this board member upset the foster parents so badly that they were unable to sleep that night, and they returned to the Home the next day and asked to take the boy again. They had returned him only because they thought it would be best for him and after they learned that he might be committed to an institution, they felt that they should try to help the boy again rather than have that happen. Against the better judgment of the Superintendent and the case worker, Thomas returned to the foster home. Thomas was again brought back to the Boys' Home as the foster parents

found he had been putting on some of his foster mother's underclothing and masturbating. This was the first time since he had returned to the foster home that the foster parents had found anything out of the ordinary. They sat down and talked to him and told him that they wanted to live like a normal family and wanted to forget all of these sex problems. They begged the boy to try and help them be a normal family. They felt from his attitude that talking with him had done some good, but later that evening they found him peeping in their bedroom window again. They immediately packed and returned him to the Home.

When they reached the Home, the foster mother came in by the back door. Thomas noticed that one of the Board members was getting ready to leave by the back door and he suggested that he go around in front through the other door and avoid her. He removed his suitcase from the car and walked around to the front of the building and left without ever entering the Home.

The police department in another city telephoned the Home and told the Superintendent that they had picked up Thomas. Thomas told the worker that after he left the grounds of the Boys' Home he took a bus to a large city. He then went to a recruiting station and applied to enlist. They told him he would have to have someone sign his papers for him. He then went to another city and said he made contact with a man who promised to sign the papers for him.

Thomas was waiting in the bus station when the police picked him up for questioning. He admitted he was from the Boys' Home so they held him.

Thomas was afraid he would be committed to a state hospital or to a state school. He admitted to the worker that he was afraid to take another psychiatric examination. Thomas had once asked his foster parents what a psychiatrist was, and the foster father, thinking the boy was joking, said, "It's a guy who examines you to see whether or not you're nuts, and if you are, they really put you in the booby house." The foster father did not realize that the worker had mentioned a psychiatrist to Thomas and thought Thomas was asking just out of objective curiosity.

The worker talked to Thomas about it again and explained that his foster father was only joking.

Since his return to the Boys' Home there has not been any sex difficulty with Thomas. However, he has developed a pseudo-superior attitude. He has antagonized many of the adult employees by being bossy and telling them how to do their work.

9/5: *Psychological report (ten years after case opening)*. IQ 105. The boy seemed to be completely willing to take the examination and remained

interested throughout. He has the ability for ninth grade placement. He is in the eighth grade and should be expected to do satisfactory work.

9/6: *Psychiatric interview.* Thomas came into the interview situation with a relatively casual attitude which persisted during most of the period. There was little sign of anxiety or tension. In the main, he was frank except about his sexual activities. It is obvious that the boy has been raised in a highly unstable setting. F was unreliable and lacked initiative and ambition. There was considerable strife between the parents and the boy was exposed to it as well as the sexual activities of the parents, since the entire family slept in one room. That period may have served as a source of stimulation in the sexual sphere for the boy as it is manifesting itself now.

He is somewhat bitter about having been in institutions so much and especially about having been at a state school. Evidently there was no alternative but to send him there at the time since he measured in the defective level. The bleakness of his early environment is further reflected by the fact that his intellectual potential didn't develop until he was removed from his early home. Now his measured intellectual capacity has reached an IQ of 105.

Thomas's main problem of late was that of using his foster mother's underclothing for purposes of obtaining sexual stimulation. He is somewhat defensive about this. Probably this is a symptom of fetishism, not transvestism. Since he appears relatively mature emotionally, the prognosis for resolving this problem is good. There has been some lack of opportunity to make the usual heterosexual adjustment of adolescence.

When pressed, he expresses a vocational choice in chemistry or aeronautics. He has lost interest in school because he considers it impossible for him ever to graduate from high school. He recalls his natural mother and is resentful of the way she treated him. This bitterness may also be playing its role in preventing him from making an adequate psychosexual adjustment. There is a definite masculine orientation in his selection of recreation.

Under moderately careful supervision and attention and some academic stimulation, he should be able to make an acceptable adjustment. On the basis of this examination it would seem appropriate to place the boy in an institution where the emphasis to a great extent is on mechanical activities.

ADULT OUTCOME

Six months after enlistment Thomas was hospitalized with the diagnosis: hysterical reaction, manifested by paralysis of the last four fingers of each

hand and anesthesia over the same areas. One month later he was hospitalized with the provisional diagnosis of schizophrenic reaction, catatonic type, which was later changed to asocial personality, malingering. One year later he was examined in a military prison where he was serving a sentence for breaking arrest while held on a charge of falsifying a military pass.

Social history as given by patient:

I remember back when I was four years old because my father was shot by the police only three or four blocks away from our home. He got well, but he was sentenced to six months. After he was released, we were placed on relief. While on relief, my mother taught me to steal. I was attending school. I took my father's gun to school. I didn't realize that it was loaded. I shot at a person and it went off knocking me down. No one was hurt though. Because of the incident I was sent to a mental institution. It was during that time that my father died from his earlier injuries. My three younger brothers were sent to an orphanage because my mother ran away with another man. I was eventually sent to an orphanage from the mental institution. When I was about fourteen years old I went to work on a farm operated by my foster parents. I stayed there about one and a half years, when I was returned to the orphanage because I couldn't get along. Upon my return I was sent to a psychiatrist and he decided I was all right. They sent me to a trade school because they said I was too far advanced and that I might be a bad influence on the younger boys. After an absence of about nine years I finally heard from my mother, who had remarried. I went to live with her and met my stepfather for the first time. He was a professional gambler and he taught me how to gamble. I quit school when I was sixteen because my mother wanted me to go to work and help support the family. I got into a fight once with my stepfather; he hit me and I went to the police who locked me up for the night because I was covered with blood. After that they sent me to a boys' school. I made some money there so I ran away to my home state where I entered the service.

Military history as given by patient:

I was fined and imprisoned for stealing and selling some blankets. Up until then I got along good with the officers and men in my outfit. After that I just didn't get along. I asked for a transfer, but I never received it. I was sent up before the psycho board for a discharge. I almost made it, but I thought better of it and I asked the doctor to let me stay.

Chaplain's report: This man is very eager to learn to spell. Despite adverse early home conditions and an orphanage background, he has been active in church and YMCA. It appears that religion has been, and can be a factor in his rehabilitation. He has attended services quite consistently.

Psychiatric evaluation. This man had a peculiar childhood. If what he says of his mother is true, she was a real psychopath. Perhaps his father and his stepfather were also psychopaths. It is not hard to realize that such an environment produced an insecure, immature, hostile person. His outstanding trait now is anxiety, which has produced a fixed obsession about spelling and a marked desire to be a soldier. He has spent time in a mental institution and has been examined by psychiatrists. It is felt that he cannot be called psychotic at present. The most noticeable feature of his immaturity is that he gets angry quickly and often. Failure to use good judgment and hostility are also indications of immaturity, probably due to laxity and poor example in his training.

He probably will be released from confinement soon. Nothing will have been accomplished toward changing him. His prognosis is not good although he is making a good adjustment while in confinement. Diagnosis: Compulsive reaction. Emotional instability reaction.

Thomas was dishonorably discharged from the service at the completion of his sentence.

Gordon

REASON FOR REFERRAL

Excessive masturbation, daydreaming. Bright boy but accomplishes little. Claims to like school and to be happy here, but totally uninterested. At home, very disobedient, has his own way, will not eat unless fed, must be helped to dress. Has no friends.

REFERRED BY

Principal.

PERSONAL DATA

Age seven years. Second grade. Living with parents, comfortable circumstances as mother works. No siblings. SSI: one. IQ 135.

10/7: Social history. Principal spoke with W about Gordon, now in second grade and causing her considerable concern. Gordon masturbates in class a great deal of the time, going to the extent of opening his trousers. Teacher has exhausted all efforts to keep his hands otherwise occupied and to keep him busy on other things. Principal feels that teacher has handled situation in a very understanding fashion and boy has never been scolded in school for his masturbation. Teacher now can tell whenever he starts masturbating because he gets a dreamy look on his face. She has handled his exposing himself by telling him that she guesses he has to go to the bathroom and sends him out of room. He, however, returns to class either with trousers still unzipped or unzips them after he gets back to seat.

He was transferred this fall from a private school. They had no record from his previous school but principal was pretty sure that his present difficulty had not appeared suddenly here. At principal's insistence, mother did come to school for a very brief visit once. She impressed principal as being an extremely cold, hard woman. She denied that boy was any prob-

lem at home or had been any problem anywhere. She gave no explanation for his transfer from private school but did say it had been hard for family to effect this change as they had been heavy contributors to the previous school and implied that previous school had been sorry to have Gordon leave. Principal had insisted M must take Gordon to family doctor. Principal asked for a report of this visit but heard nothing from family until she wrote again asking M to come in and let her know about the examination. Father came in instead. At first he denied any problem with boy but principal thought that he was lying and finally got him to tell about the boy at home. There had been trouble at home because he does not listen. When they press him too hard, he goes into his own bedroom, shuts door and is very quiet. Family does not know what he does by himself. F finally admitted that boy had been transferred to public school because he had been difficult in private school.

When F first told about medical examination he reported that doctor had told him to scare boy by telling him that if he continued masturbating there would be serious physical illness, poor mentality, etc. Principal told F point-blank that she did not think doctor said anything of the kind. F then admitted that doctor had not said this and had advised instead that the boy be taken to a psychiatrist but F replied that he could not afford this. Principal immediately told him of the clinic, and he commented that no one could take boy except on Saturday mornings. If necessary perhaps M could take time off during the week for one visit and if clinic had to see the boy more often, the maid could bring him. He said maid was not very good. Principal feels that F is somewhat more friendly toward boy than M, but neither of them have any real warmth. Maid, she gathers, is not particularly interested in boy and family reports that boy and maid have constant fights.

W raised possibility of private school or placement if there seemed no chance of seeing parents. Without an opportunity to work with parents we doubted that clinic could be of any use. Principal thought parents were so fed up with boy that they might welcome idea of placement and said that she would raise this question with them later.

10/28. Principal talked to M, who said that life would be much simpler for her if Gordon went to boarding school. Later on principal saw F. He did not want boy to go away from home and seemed much more harsh and unpleasant toward boy than before. They had a new maid who was somewhat better. Both parents anxious for help.

11/19. Principal told us of F's behavior in classroom prior to his last interview with principal. He reported directly to teacher instead of coming to principal's office as requested and in front of the other children tried to

pin teacher down to an exact statement of what Gordon did in class. F was most insistent and the teacher was embarrassed but refused to discuss details; she advised F to talk to principal and finally he complied.

We discussed with principal the implications of a report from another clinic indicating that Gordon's difficulty is part of a deep-seated maladjustment on part of at least one of the parents. We doubted that we could take on case for treatment, but we would interview M to see about placement for Gordon and we might give him personality tests and psychiatric interview if that seemed essential.

12/4. F and M in office. They had hard time leaving Gordon, who likes to have mother home with him Saturday mornings. M appears to be in her early thirties, F perhaps five to eight years older. M was very plump, well-groomed, dressed in up-to-the-minute style. She gives the impression of an energetic, efficient person. F was not quite so neat in appearance and seemed a little dreamy, as if not concentrating very hard on immediate surroundings. His speech and whole manner was a bit slower than wife's.

I asked their opinion about the boy. M took most of the initiative in talking, and spoke of husband as well as Gordon and their activity together, as if F were not present. She reports that Gordon has been a little better the last two weeks. So far there have been no fights between Gordon and the new maid. Also, they had some boys in for Gordon to play with. He plays well with boys in their own apartment. At first M implied that Gordon's difficulties were greatly lessened, but as the interview continued, she mentioned many recent difficulties, such as Gordon's delaying their leaving this morning, his refusal to go out to play, breaking of toys, delay over getting dressed or eating, etc. M has to nag him all the time even though she knows that should not be. When she scolds him he cries and goes all to pieces. She thinks he misbehaves for attention and his excessive reaction to punishment is a weakness which really is a strength because he knows he can control her that way. She cannot bear to see him overreact by crying so hard. She really thinks that he is queer. Sometimes he will ask her permission to read a special book for ten minutes, a request which is a bit silly because of course he can do it. When she says that he can he will clasp her hand and kiss it a number of times saying she is so good to him; she is the best mother in the whole, wide world, etc. Mother shuddered as she said that she cannot stand that. She spoke of Gordon's excessive attachment to her. He comes to his parents' bedroom first thing in the morning and hangs around M when she wants to dress. In fact, he hangs around all of the time he is home. In the evening when he is ready to go to bed he wants to go out into hallway of the apartment to listen for her. F tries to prevent this. M thinks he is

abnormal in this respect. F volunteered that boy will not go to bed until M tells him a story, which she does every night. He implied quite clearly that it is wrong to give in to boy by telling him a story.

M spoke of boy's following like a leech any adult who is a little nice to him. When he gets a little he wants too much. She thinks he is emotionally starved. F commented with obvious irritation that he cannot see why boy is so attached to M since she never stayed home with him even when he was a baby. Later on M told us that boy in showing affection to her strokes her cheek or her arm more like a grown-up man making love. She again shuddered as she said that in a way it wasn't really decent. He should not be so attached to her.

M said that she felt Gordon needed a change in environment. We outlined possibility of boarding school or an institution or supervised foster home. We said that possibly psychiatric care was necessary too, but we did not feel we could do this without working with parents too and that would be impossible since both parents work. F asked if we thought it would be helpful if his wife stayed home from work. We felt that was a question which M was better able to answer. She indicated that it would be pretty difficult for her.

The difficulty started in first grade and family was called to school. They did not specify the nature of the difficulty but said that boy was transferred to private school. They spoke of the possibility of sending him to a private boarding school, which seemed to be the only one of the three suggestions which appeared good to them.

F told without animation of his efforts to get Gordon to play with other boys on the street. He went out with Gordon himself to get him started playing ball with other boys in their neighborhood and then left him. Gordon was back in apartment shortly, commenting only that there had been some sort of fight. Both parents agreed that something in Gordon's behavior antagonized other boys.

We agreed with the parents that Gordon's behavior did indicate difficulty, possibly very serious difficulty. We see Gordon as a sick child who needs something that he is not getting. If this continues, he is likely to become worse. We told them that something should be done soon and that they might be able to prevent trouble by proper action now. F raised question of what foster parents could do for him. They might just give in to him, making him worse. M said it would be hard to give him over to other parents as he would be just the same with the foster mother. We repeated that we felt Gordon needed something that he was not getting. He is stuck in his normal development on a babyish level.

We raised question of family doctor who seems to understand situation thoroughly. Family would be willing to have worker talk with doctor and it was agreed we would do this before seeing family again.

12/9. W saw doctor. He said he had known family for some years and had discussed their mutual difficulties in some detail with all members of family. He feels that F is not a very adequate person and is pretty neurotic, not able to do much that is positive for Gordon. F recently went to a "psychologist" who told him that he had dementia praecox, but doctor does not for a moment believe this diagnosis. F has told doctor about the inadequacies of the marital situation, since M is continuously frigid. Doctor handled this by talking briefly with M, urging her to respond more warmly to her husband. Doctor, however, does not believe that this method of treatment has been effective. M has always worked, since she was unwilling to rely on her husband's none-too-adequate earnings. Doctor feels that she is probably cold to the boy in somewhat the same fashion that she is to her husband. Doctor agreed with worker that the possibility of effecting a change in parental attitude toward boy was slight. We discussed a change of environment such as a foster home or good boarding school if family can afford it. Doctor thought this was best plan, and will use whatever persuasive powers he has with F.

12/18. M in office. F arrived one hour late and M decided that he should join interview at that time, as otherwise he would think that she was talking against him.

In interview with M alone, she said that Gordon had been considerably better the past two weeks. Before, she used to go out often right after dinner, whereas recently she has been staying around until Gordon gets into bed. She sees a direct connection between the increased attention that she is giving Gordon and the fact that he is much more talkative now at home about school, whereas before she could hardly find out what he was doing. She saw his teacher at a PTA meeting a few nights ago and learned that Gordon has been much less withdrawn in class. He has been full of mischief and somewhat overactive but teacher advised M that she thought this was much healthier behavior on his part. M showed considerable warmth as she described an incident at home one evening recently when Gordon was starting to cry and she pulled him over to her and put her arm around him. He put his head on her breast and looked blissfully happy. She realizes that that was what he had wanted all the time. On the other hand, sometimes he says such queer things to her. For instance, recently he said that he wished he could get to be a very very tiny baby again and get up inside mother to her heart and just eat up her heart because he loves her so much.

M said that she always had a very difficult time with husband. She gave the following information in a highly intellectualized fashion and we gathered that she had secured it from a psychiatrist. She said that F had been under psychiatric treatment, but whenever he got treatment he

became much more introspective, upset, and depressed, and threatened suicide, so that she does not feel that it is wise for him to have treatment. F has always been jealous of any attention that she gave Gordon and she realizes that she has sacrificed Gordon's welfare to that of her husband. Her husband is so tied to his mother that actually his mother is more like a wife to him than a mother, and his younger sisters are more like children to him than is Gordon. F was the only son and because his father died when he was young, his mother depended a great deal on him. He is the only member of the family who pays very much attention to her now and he has always been very good to her. Because of this situation F has had very little to give either to his wife or his son. At the same time he has always been extremely jealous of any attention that M gave to Gordon. When Gordon cried as a small baby, her natural inclination was to pick him up and give him some attention, but her husband always prevented her. She had decided recently, however, that she must consider Gordon first and F second. As advised previously by psychiatrist when she had made up her mind to make this change in her handling of Gordon, she told her husband immediately. She knows that he neither likes nor approves of the change, but she is willing to do this because of the seriousness of the situation.

M asked that when F entered interview we should not discuss this material with him. She did not want to give him an opportunity to think that she had been talking against him, which is the only interpretation he could make. When F came into the room there was further discussion about Gordon and M said that she felt with the extra care she was giving him there was no reason to place him. F commented that without Gordon their home would hardly seem to be a home at all. It was agreed, however, that M and F would talk over the situation with their family doctor.

12/21. F and M both came in with Gordon, who was seen by psychiatrist. We took F into interviewing room, explaining briefly to M that in view of what she had told us in previous interview we thought we had better see him alone, to which she agreed.

Throughout interview F appeared to be consistently oriented to reality and we got no indications of a psychotic condition, although it was equally clear that he is severely maladjusted emotionally. He spoke of his wife as being cold to him, which he said he could take, but he cannot bear her inadequacies as a mother to Gordon. She treats her home as if it were a hotel, coming in for dinner and then going out immediately. If she does not go out she sits and reads all the time. On the other hand, it was equally clear that he resented Gordon's attachment to M and he said that he knew from his own experience that it was bad for a boy to get too much attention. He spoke of his own need for psychiatric treatment in

the past because of his relationship with his own mother. He said the family doctor was quite familiar with situation and had talked to M but had had no results. When F was about twenty he received psychiatric treatment in the form of psychoanalysis for two different periods of a few months each. He talked with the doctor about the marriage and the doctor did everything he could to help it be successful. We felt that F had a more positive feeling toward therapist than toward anyone else discussed except perhaps family doctor. Treatment ended "ten or fifteen years ago." More recently F was sent to another doctor. This doctor talked with him for no more than ten minutes and listened to his heart with his ear against F's suit; he then told him that his heart was all right and that he was suffering from dementia praecox and should have treatment in a hospital. It was obvious that this caused F considerable anxiety as well as anger.

12/23. At school we learned that Gordon has been somewhat better. He has gone from a very withdrawn phase to an extremely active one, although he still has occasional periods of not registering at all on what is going on in the classroom. For instance, the other day teacher was getting addresses of all children and Gordon seemed absolutely unable to remember his street address. About one hour later he raised his hand and gave the correct address.

1/1. M in office. It was obvious that she is continuing to try to give Gordon more attention than before and it seems safe to say that at times she is somewhat warm toward him. She spoke of his hanging around her whenever he got the opportunity and showing considerable curiosity about her breasts. She has found that when he starts to cry, if she makes a friendly gesture toward him he will stop and will become more obedient. In connection with previous discussion of placement she spoke of his fear that she would not always be with him as well as her husband's fear that if he were away the marriage would break up. She said that she and her husband had lived with his mother and his two sisters until two years ago. Mother-in-law interfered considerably and one of the sisters was very nervous. They objected when Gordon made any noise, etc. M felt that it was better for him to be away from the in-laws as much as possible. The move out of the mother-in-law's home was made at M's insistence and she apparently considered this something of a personal triumph.

M talked at some length of her husband's jealousy of any woman having contact with Gordon. M spoke of present maid's being very inadequate from Gordon's point of view, because F has laid down the law that none of the maids shall have any personal contact with Gordon. At one time they did have quite a motherly sort of person who used to enjoy playing

with Gordon. F forced wife to discharge this maid because he felt she was doing too much for Gordon.

There was also some discussion of father's jealousy of his wife's social and business connections. She spoke with obvious pleasure of her job. She occasionally goes out to lunch with the boss or other members of the firm, which F does not like. He always wanted her to stay home after they were married, but, on the other hand, agreed that his earnings were not sufficient for family. Whenever F gets depressed he always talks about how much better M could do for herself. She has had to cut out most of her social contacts with her friends because of her husband's attitude. She enjoys parties, etc., but when at a party she is not content to sit with other housewives and discuss the way they cook chicken, but is more interested in talking with men about business and political affairs. When she and her husband went to such parties he would sit and say nothing all evening long but watch her continuously. Afterwards he would complain that she paid no attention to him, that she talked with all of the other men and that she was such an excellent conversationalist that he had no place in her life. She tried going to parties and purposely keeping quiet, trying to draw out her husband's opinions, but that resulted in no fun for her and was not too successful from her husband's point of view, so that now they go no place except to relatives. She does a great deal of reading at home as does her husband. "You might not believe it but he and I can sit and read for three or four hours in the evening without one word passing between us."

M said husband had been quite depressed since last interview. He always gets that way after talking about himself. When we said that we had talked with F about M taking responsibility for bringing Gordon, she said that she guessed that was why he had acted the way he had toward her. He gets very jealous whenever she is the person to lead in contacts outside home.

Toward the end of interview, F appeared at the office unexpectedly. M explained to worker that he had been trying to persuade her to go with Gordon and himself to movies. She thinks that he came over in order to force her to go with them. He cannot let her out of his sight with any degree of comfort unless she is at work.

In hallway F approached worker to ask what we thought about Gordon. Appointment was arranged.

Psychological examination from another clinic (age six, IQ 116). Gordon is active, alert, and keenly interested in each new test situation. He responds quickly and works attentively. Effort, however, lags readily. Conversation discloses considerable assurance and desire for recognition and praise.

Intellectual development is accelerated. Language grasp, comprehen-

sion, general knowledge, and memory processes are good. Ability to plan and execute in a concrete test situation is superior. There are, however, various confusions and reversals of symbols slowing up the learning process. Because of this, special emphasis upon the mechanics of reading and number work is necessary.

Socially and emotionally, he is caught up in a home environment where controls and guidance necessary for a normal personality development are most inadequate. The asocial behavior reactions are his attempts to maintain and prolong his position of infantile dominance.

1/1: Clinic psychological examination. Gordon is an alert-looking boy, fairly attractive in general appearance. He is talkative and hyperactive. No evidence of masturbation was seen during psychological session. He cooperated well on educational and performance tests and was pleased with commendation. He seemed eager to act grown up. He was given to wild stories and confabulations on Rorschach but, on more usual test materials, he stuck to job despite initial tendency to chatter.

He probably rates among brightest children in his class, but he is functioning far below capacity. He tests fourth grade in reading but does not perform at that level in the classroom. This discrepancy between test results and actual day-by-day performance is characteristic of emotionally disturbed children.

On Rorschach test he shows marked disturbance but appears to be a good treatment risk. His basic difficulties are emotional.

Outstanding elements: Immature emotionality; anxiety, tension; confusion; compulsiveness; phobic; suggestion of schizoid trends; of being more psychotic than neurotic.

1/1: Psychiatric examination. This boy is very unattractive. He is, however, well built, his facial expression somewhat marred by fact that he wears strong glasses. In the interviewing room he is extremely friendly, talkative, initiating much conversation on his own, answering questions without very much sense of reserve or criticism.

He talks as if he were now attending school in this building. He thinks of physician as being principal who has many supplies, allowing the children who come here to draw. He thinks that this is the nicest school he has ever been to and wants to know how long he can stay. He also says his mother has thought of getting a transfer to this school. Physician says that he is a doctor trying to help children. Immediately boy asks if it is to see that hair is brushed, hands and feet clean. Doctor goes on to explain further.

He speaks at great length about being the strongest boy in his class, not as strong as Superman but much stronger than rest of children because

he eats spinach, bread, meat, and potatoes. He says all the other boys are jealous of his strength. In the classroom sometimes there is difficulty because all the boys start up after him. He thinks that they don't like him. It is difficult to determine what boy thinks he does that they cannot accept. He is fond of teacher, says she is young and pretty and tries to help him. He is somewhat careless about finishing up work. In fact, he quite often never gets through, but he accepts teacher as an authority.

Boy describes family scene as follows: F apparently works only during certain times of the year. He is very strict, yells at boy trying to get him to behave, whereupon boy yells back. This morning boy did not want to dress and F yelled, whereupon boy responded in like fashion. Physician suggests that boy might yell at him but boy immediately says physician has not yelled at boy. F punishes boy using a strap on his buttocks. M works and is out of the house. Boy says she sometimes gets angry with him and yells and might smack him on the face but never uses a strap. However, she does this far less than F does. Boy doesn't seem to have very much fun at home.

It is difficult to discover any neurotic traits. He does not wet bed or bite his fingernails. He is not afraid of dark but he likes fantastic ghost stories, sees them in movies, tries to tell them to friends, and when his mother won't tell him stories he tells her these ghost stories. He plays with a cousin of his own age. Their favorite activity is telling ghost stories.

It should be noted that at no time during hour and a half interview did boy touch his genitalia.

In summary, it would appear that boy is not particularly neurotic. F's mental health is to be definitely questioned. It may be he has been diagnosed as schizophrenic. Impression of the psychiatrist is that he is very introverted and withdrawn without being extremely sick. Boy's masturbation may be a result of trying to prove to himself that he has a penis. In classroom this behavior of course is thoroughly unacceptable. He is definitely more than normally affectionate toward M. This case would seem to have a good prognosis and should be considered for treatment. Question—is the school accepting enough to tolerate this behavior for a time? At least he could be given a trial period.

1/4: Conference. Gordon is a good treatment risk, but it is unlikely that F can be persuaded to allow anyone else to improve his boy, and M cannot be counted on to handle difficulties of both husband and son. Ideally Gordon should be placed away from home, probably in a foster home, although it is doubtful that his placement would be accepted by parents. Since there is little chance of placement now, it was agreed that clinic would initiate a trial period of treatment. School was warned that Gordon might get very much more difficult to handle, but school and

clinic will work closely together to insure best possible coordination. In the meantime, the school will continue efforts to enlist Gordon's interest in class activities and to give him as much positive attention as possible. He will be given as much activity as possible at blackboard, etc., to lessen his daydreaming and opportunities for masturbation.

1/5. Boy speaks of playing checkers occasionally with F, but also complains that F does not give him as much time as boy would like. He speaks of M being kinder. He is very fond of present teacher and does not want to be moved from her. Worker reassures him on this score.

1/5. M in office. Gordon was very easily toilet trained at between one and one-half and two years of age. It is a little hard for M to remember all details of this since she was working. There is only occasional nocturnal enuresis about which M did not seem particularly disturbed.

M told us that her husband had been to see family doctor and doctor had said that worker implied that F did not love Gordon. We asked whether F had been disturbed by this statement and M said that he had not. She said that F is so interested in his own mental processes and so pleased when people are interested in them that he is never critical of the form their interest takes. We commented that in considering whole situation, we had been concerned with what F could do for Gordon in view of his own condition. M spoke of his spending more time with boy and trying to be more like a companion, although this does not come easily to one of his nature. She said he was extremely introspective and yet when we raised question as to what effect this might have on Gordon, she thought that there would be no basis for Gordon becoming like his father, since F was careful not to discuss that sort of thing with boy.

M said that it was strange that she now finds herself trying to keep Gordon at home in view of her own childhood experiences when she said to herself continuously that if parents did not get along, it was better for them to break up and give the children to someone who could care for them. M continued to talk fairly easily and without much affect of her own childhood. Her only mention of her father was that her mother quarreled continuously with him. She guesses that she was a bit of a problem in school herself. She daydreamed and looked out of windows and guesses that she acted a little like Gordon did recently. M spoke of having been continuously unhappy at home. We asked her how she thought she had been able to manage as well as she had, considering the home circumstances. She said that she had gotten all her satisfaction from school. We commented that because her business meant so much to her, she was now getting her major emotional satisfaction outside home just as she had done as a child. She agreed. This was also discussed as a possi-

bility for Gordon. She said that she has always been careful insofar as is possible to avoid open arguments between husband and herself in Gordon's presence but when we raised the point, she agreed that he probably sensed the lack of a satisfactory relationship.

1/15. F in office. He raised point about family doctor having said that worker did not think he loved his son. He showed no particular anger about this. We said we thought he depended quite a bit on Gordon and would miss him if he were away from home, but our study was to see how much could be done for Gordon in the home.

F started interview by discussing how much better Gordon had been recently, which appears to be a pattern both parents follow; only after saying that do they bring up the problems.

F talked at some length about fact that Gordon does not follow his directions. He is apparently constantly nagging Gordon to get dressed in the morning, to get off to school in time, to eat rapidly, etc. He spoke of feeling that a great deal of Gordon's behavior is an effort to dominate F. One of Gordon's habits is to urinate and defecate in his clothing, which F says he does once every few days. This disturbs F considerably and at times he says he spansks boy on his buttocks. He said in the past he used to beat Gordon quite hard, but he has given this up, as it seems to have no effect. He feels that Gordon uses these methods to assert his own power over F. Gordon complains that F is a dictator.

In discussing continued contact, F said that as long as he had been to the clinic several times now and understood what we were doing, he did not think it was so important for him to come often.

1/19. Boy thinks that teacher is very fair and good to him, and according to social worker's report, he has gotten many merit marks this term, indicating that his work is better.

Doctor discusses with him his desire to have M dress and feed him. Sometimes he feels tired and wants this extra attention. M at such a time begins singing a song, "Don't bother me," from which boy infers that she is very annoyed. At such times she strikes him in the face and refuses to give him extra attention.

He speaks of liking to come to this clinic. All in all the boy seems to be making a much better adjustment.

1/19. M in office early for appointment. She reported that Gordon is much better. She is continuing to neglect her husband rather than boy and is "following her feelings." She said she does not know whether she did right last Sunday, but F was making an issue with Gordon about washing his hands before breakfast and said he could not have his break-

fast, since he refused to wash his hands. M quietly sent boy to kitchen to see if there was any food there that he wanted. F caught on and M had to forcibly restrain him from going into kitchen. We reassured her that we thought she must do what she feels is right. Under the circumstances, his getting his meal in peace does seem more important than clean hands.

M spoke about his having gotten more stars in school for one month than he had gotten all previous term. She has been giving him a good deal of encouragement in reading, which he loves. She spoke of having gotten F to return bike to Gordon which had been taken away from him because of bad behavior. That evening she got home unexpectedly early and heard Gordon tell F as latter was putting him to bed, "Today you did not make me nervous. When you make me nervous and scold me my heart pounds and I cannot sleep. Tonight I go to bed happy. It is the first time for a long, long time."

1/27. Gordon was sent to the principal's office. That morning during folk dancing in gym, he had taken hold of the back of a little girl's neck and as she started to curtsy, he pushed her head down almost to the floor. During lunch period he had made a "vicious attack" on a boy and threw him down on the pavement against the curb. He has seemed to have an unusually large supply of pennies and has been taking pennies from other children. One little girl brought two pennies in an envelope to give to some cause for which teacher was collecting a penny from each child. When the little girl mentioned that her pennies were taken, the teacher figured that it must have been Gordon and asked him to give her the pennies, which he did, still in their envelope. He always returns things which he has taken without any protest. When teacher asked him how he had gotten them, he said that he thought they were his because he had been dreaming about them the night before.

While principal was telling us this, Gordon was in outer office. Instead of standing or sitting, he was squatting on bent knees, which she said was typical. He never stands or sits if he can squat instead.

We asked him what had been going on at home, and Gordon replied that F had taken his bike away from him. F had told him that he must not let older boys use his bike, but when he had it out, several of the older boys insisted on rides and he could not stop them. In some way the front wheel of the bike was broken so he is now not allowed to use it. While talking, Gordon showed very little facial expression although he occasionally looked as if he might cry. Gordon was sent to another class for the rest of the afternoon.

We discussed with principal our conviction that something had happened at home to disturb Gordon. Principal was quite worried about boy

in view of the strength of his attack against the other child. It was agreed that she would send a letter to M.

2/5. M in office for appointment. She referred to a new kind of trouble with Gordon, and her own shame about this. It is such a terrible thing that she did not even want to tell worker. She is afraid of a record being made that might give the boy trouble later on. When M got home from work she learned that F had discovered that Gordon had taken money from the maid and from a box of M's which she kept in her bureau. Gordon had gone to bed early of his own accord apparently in an effort to avoid punishment. M was quite upset and made him get dressed and go with her to the various stores in the neighborhood so she could find exactly how much money he had spent. She did this in order to emphasize to Gordon the seriousness of what he had done, but as they went from store to store he seemed to be enjoying it so much that she did not continue after they had gone to about six stores. In each store Gordon had spent ten to fifteen cents for candy which he said he had given away to his friends, which she was inclined to believe was true. Next day when they came home they found Gordon in "too happy a mood." She said that sometimes he seems to be forcing himself to laugh and whistle and dance around and pretend that he is happy. That is a sign to her that he has done something wrong. In a short time they discovered that the paper covers of his school books were singed and when they talked with him, they found that he had done this in the hall of the apartment. M talked to him about this and recovered his books for him but the punishment was not severe. Over the weekend she and husband did a number of things with the boy and his behavior was quite different. She said it was as if Gordon had a "dual personality." On Sunday the whole family went to the zoo. They had a fine time, but M noticed that although Gordon was running around and looking at everything and interested in the sights, he often came either to F or M, stood close, and rubbed up against them and seemed much more interested in signs of affection from them than he was in the zoo. That night when they got home he got F's slippers out for him and was apparently excessive in his expression of affection for him. As M was putting him to bed she spoke of starting a new week all fresh and said she hoped that the previous troubles would not be repeated. On Monday, Gordon again took money from mother's penny box. She talked with him very quietly in his room and he immediately returned to her the pennies he had left. He explained that he wanted to give his friends candy. M said that they always had candy around the house and he could fill his pockets with that and take it out, but Gordon said that he did not like that kind of candy. She promised to get him the

kind he did like. Tuesday he again took money, and this time F punished him severely. M told of a game which Gordon had tried to play with her earlier that day. He said that he wanted to join the Army, that he was going away from home. He said that he wanted to die and if he were a soldier he would be killed. He then told mother he wanted her to pretend that she had a bow and arrow and to shoot him and then he would die. She objected strenuously but boy insisted so she went through motions of hitting him but aimed at the ceiling. Gordon, however, refused her explanation that she had missed him and pretended very realistically that he had been mortally wounded and was dying. M was quite upset as she was describing this game. Gordon kept talking about there being trouble everywhere in school as well as at home. If only he would die there would be no more troubles, as he would go to heaven and he would not have any feelings. He feels bad all of the time. We said it was in ways like that that one realized that Gordon did have more feelings than he could show, such as when they were making the tour of the stores. M was more able than at any time in the past to express her own feelings in connection with Gordon. She said that she is able to handle her other troubles through rationalization but Gordon somehow upsets her more, like a "blow below the belt." She readily agreed that it brings back to her all of her own difficulties as a child.

During the last ten days Gordon has been wetting himself continuously day and night. M does not punish him for this but boy is exceedingly sensitive, and the other night when she discovered his wet clothes and spoke to him about it, he begged her not to tell F as he would punish him. M said she would not let her husband know but he said that he guessed his father would come in to find out because he looks at Gordon's clothes every night to check up on his wetting and soiling.

M said that she has had placement in her mind during the last few days. If clinic thinks that it is essential, she feels at this point that perhaps she can swing it. She recognizes that it will be against her husband's wishes and it will be difficult for her. We commented on husband's previous statement that if Gordon were away they would have no home at all. At first M said that she did not think that would really happen and then went on to tell us that Gordon was born really in order to prevent a breakup of the marriage. They had been married three years without children and F wanted to have a child because he said people were telling him that they did not think he could have one. M countered with the statement that the marriage had not been a successful one and perhaps it was better to "call it quits." F begged her to think it over for awhile and she did so whereupon she discovered that she was pregnant. She saw that he had planned all of this to turn out exactly as it did. The first night

when she and Gordon were home, F went out to visit some friends and did not get home until twelve.

M spoke of her husband's jealousy, particularly of her boss, for whom she has worked for a long time. F is always talking about how the boss loves M. She said it was impossible for F to realize the kind of friendly relationship that she has with the boss and his family. F has never at any time had what might be considered an outburst of temper. M often senses that he gets terribly mad at her and feels it would be better for him to let it out, but when she sees that he is mad and asks him what he is thinking, he replies that he is telling her what he thinks of her in his mind. She asks him to tell her in so many words but he replies that he has done it in his imagination and lets it go at that.

M feels that husband knows she is really upset by Gordon's behavior, and that he is pleased because it must keep her from thinking of things outside of the home. He has always been trying to obtain some sort of control over her which she attributes to the fact that she has been frigid all through the marriage and he realizes that sexually he cannot hold her.

2/5. Boy's immediate reaction on seeing doctor is to grab him around waist. He shows paintings he has made. Boy has been going through supply closet and has stuffed pocket completely full of rubber bands. Without directly facing him with this, doctor asks if he might need any particular supplies, which the clinic might give him. Boy immediately talks about rubber bands for his books. Boy then proceeds to unload pockets, without doctor saying anything; apparently he does not feel too guilty.

2/7: *Treatment conference.* It was agreed that Gordon's stealing is in no way criminal. He is definitely stealing love, which M may or may not sense.

It is clear that F watches boy continuously. Psychiatrist raised question as to whether F does not have some positive feeling for Gordon. It is worker's opinion at this point that F sees him only as an extension of himself, and that hate is predominant. F hates in Gordon all the qualities which he himself has, but suppresses.

2/12. Boy is quite happy. Paints picture that is quite happy in color. Says that things are going well in school. When M is invited in, it is discovered that the boy has been demoted by principal because he is noisy in classroom. Boy had told doctor previously that class was extremely noisy; teacher would go out of room, listen at door, and feel very dis-

turbed because children wouldn't behave. Boy finally agrees, however, that he was one of chief perpetrators of noise.

M, when she is in room, is quite mild-mannered, patient, and both she and her husband have found that the best method of handling Gordon is to be quite stern and to the point, to supervise when they want. She complains boy is interested in things that should not interest little boys such as news, politics.

Worker notes to M that boy is curious, suspicious, and asks in which parent this trait is more apparent. M says that no one knows what F thinks. He does not get on well with people; he is shy and retiring. That he is suspicious is undoubtedly true.

2/19. It is interesting to note that boy asked permission of M to use finger paint. Having gained it, he proceeds to dirty his shirt thoroughly. M and F are both very punitive but F more than M. The boy reacts against the school by being late and not doing work. At home he recently set a closet on fire and stayed in it so that there was a hard time getting it out. The fire was actually dangerous. Question arises whether F can change at all, and he does not offer much better treatment risk. M has spoken of placement in a foster home but F cannot accept this. Social worker and M are going to speak to F's psychiatrist, to get his viewpoint as to whether F could accept this. This boy has bad dreams in which the enemy is trying to kill him by throwing chunks of the moon down at him, but they miss. Boy says he does not want to die. This may be cause of his insomnia, about which he complains.

2/19. M in office. Gordon is taking hold of treatment and his behavior, difficult as it is, is nevertheless a sign of movement and progress. There was discussion of camp plans. F had been opposed to camp idea in first place and M had taken full initiative in making arrangements. She gave us several instances that suggested that Gordon was rather too much for the young college counselors to handle. However, it was agreed that this arrangement was probably much better for Gordon than remaining at home.

Before she was married M had a number of boy friends and a fairly active social life. One of her main aims was to get married so she could get out of the unsatisfactory family home. She felt, however, that "infatuation" was not a basis for a happy marriage. She was always interested in more serious things. When she met F, who is some years older than herself, she saw him as lacking personal charm but steady and reliable. She continued to go out with other men during the first few months that she knew F although he objected strongly. During this time she was trying to make herself love him but was not meeting with success. He was pressing his attentions more and more, and one evening he arrived with a

diamond ring which he had bought without saying a word to her about their being engaged. She was quite taken back at this and he had to bring considerable pressure on her to accept ring. At the time she did this it seemed better to take it, then slowly get him over the idea of marriage and return the ring later on. He immediately talked about marriage and she finally agreed on the basis of her feeling that he would be reliable and protective, and that even though she was not in love with him he might serve as a sort of refuge for her.

She knew that he had been very much in love with another girl who had recently married, which had been a shock to him. She realizes that part of his insistence on rushing marriage was not so much positive feeling toward her as a desire to show the other girl that he too could get married. She had no idea that he had any need for psychiatric help until after their marriage or she would have immediately questioned his reliability, but he purposely withheld this information. As soon as they married they went to live with F's mother, with whom he had been living continuously. From the time of their marriage, F's attitude toward her changed completely. She saw that he was very dominated by his mother and her picture of him as reliable, protecting, and fatherly vanished practically overnight. Impotence in the sexual relationship has often occurred since beginning of marriage, and it was in connection with this that M learned of F's previous psychiatric care. At beginning of marriage, he again went to psychiatrist. M has never had any sexual satisfaction with husband.

It is to be noted that M gave all above information with only the slightest trace of feeling.

2/24. Boy certainly does not seem very disturbed, although maid, who is waiting outside, says that his behavior at home is as usual.

2/24. M in office. She reports that on Friday afternoon Gordon walked along ledge on outside of the building from one window to the next. A woman in next building reported it and maid got him in. He then went up on roof and she threatened to call police, whereupon he went into his room and hid under the bed. When M got home Gordon was quite disturbed about possibility of police coming. M explained if he ate his supper and got into bed the police could not get him, so he did. Saturday morning he did not want to get dressed or eat, and after some initial effort to get him to do these things F and M ignored him. By night boy had not washed, dressed, or eaten all day and M could see he was tied in knots. She decided the best thing would be to get him to cry as she knew if he could express his feelings he would feel better. She started to wrestle with him and got him in a strong grip, whereupon he kicked her and she spanked him and he cried alone on the couch, then felt better, ate, and

went to bed. Sunday morning F and M were going out and told him that they would be back in a half hour to get him if he were dressed. When they came back they found he had gotten very mad because they had not waited. He had strewn all his clothes around the room, jumped up and down on his bed and broke it, and was sitting in the middle of debris without a stitch of clothing on. F spanked him and Gordon was fine for the rest of day, after a crying spell in the bathroom.

2/27. Worker learned at school that Gordon has not done any work in last three weeks. He has reverted to masturbation and picking his nose. He was late three times in succession after discussing matter with psychiatrist, but has not been late recently.

3/2. F had been to school. Principal told him that the school would like to suspend Gordon but since they are trying to help him, the school will be more patient. Gordon took a bunch of keys from school office recently and truanted with a little girl yesterday afternoon, playing in corner of school yard.

3/2. Boy starts out with finger paints enthusiastically, but is definitely upset that he is making a mess. He gets paint on his sweater, refuses to take it off, obviously expecting failure. Psychiatrist tries to forestall this, without success. Boy's reaction is to wash hands in haphazard fashion and then ask to read. It is only with considerable effort that psychiatrist gets him back to finger painting, stating that he wants to protect him against parents' scolding him. Boy makes a very nice design but spoils it while trying to lay painting on radiator to dry. He just cannot have a finished product.

F came in. It is obvious that he is oversupervisory, does not expect boy to accomplish anything, says that he never worked satisfactorily in school or at play. F has been using clay with him, trying to show him how to make things. Boy tries to imitate him, without success, finally gets tired and gives up. F also complains bitterly about boy dawdling while dressing in the morning until finally he has to become quite punitive and order him to dress.

Psychiatrist suggests dressing might not be F's job. F quickly says it is M's, whereupon physician comments it's the boy's. F agrees. Psychiatrist suggests boy be allowed to be late to school but to make the responsibility of dressing his own.

3/8. Principal phoned. She has come almost to the end of her rope. At lunch time today Gordon attacked a little girl. Gordon could not explain this. He threw her down on the pavement outside of school and jumped

up and down on her back. Later on he asked to be excused from class to go to the bathroom and went into the clothing rack in an empty classroom and started looking through the pockets. He was discovered before he had taken anything. When asked what he was looking for he said that he did not know because he did not know what was in the pocket.

3/9. Today both F and M seen because of recent upset in school situation, in which Gordon twisted arm of a little girl, later explaining to M that girl tried to boss him just as M tries to do, so he was very angry at her. In talking with M it appears obvious that she would like to place boy. She certainly finds home situation extremely difficult to cope with. F is so concerned about his lack of masculinity and his sexual impotence that he constantly makes demands to disprove his impotence, causing her much anxiety. It is also possible he may trick her into having another child so as to prevent breakup of home. Wife has great difficulty in giving any sense of security due to his continual meddling into activity which is essentially M's, such as dressing child, overseeing maid in kitchen work, quibbling about maid's salary. He is jealous of attention M or maid pays the boy, wants constantly to have M alongside, cannot stay in room alone. He refuses to go out to visit people whom wife enjoys, is upset by wife's recent piano playing because then she is not talking to him. Wife is sure if she would leave home secretly with boy, husband would follow. Husband is also upset at any attempts of wife to get help for boy.

F now seen alone. Obviously tense. Psychiatrist suggests possibility of boy's suspension from school if his behavior continues, that boy has good chance of becoming quite adequate, and his upset stems from the home. F tells of boy saying that he hates him, that F makes him nervous, that he is mean with him. This hurts F. He feels, however, school could give boy another chance, be more lenient and sympathetic. He understands boy's difficulty because of his own. F gives no suspicion that he had a potency disturbance. Psychiatrist suggests he look into placement since efforts to treat boy in home setting have been of no avail.

3/23. M apparently has prepared boy for placement in boarding school. He has expressed desire to want family to live near and welcomes idea of being out of household as he hates everybody and everything in it. He is brought into interview with mother and social worker, remarks he had been looking out of window and saw how peaceful and beautiful it was outside. It is the way he would like it. The school was described. He thinks he would enjoy it, wants to know how soon placement can be accomplished.

Since F has stopped supervising many of boy's activities, such as dressing, getting to school, doing school work and examining clothes to see if

he had soiled them, boy has been doing much better, receiving "stars."

It is noted that M is psychologically and intuitively endowed with excellent insight as to needs of boy as well as husband and herself.

4/13. Boy seems very pleased to be here. Gives report of visit to boarding school, is anxious to get there, has remarkable recollection of the names and other data about the school. While playing with the clay, which he cuts into a mangled mess, he praises the knife, says that he would like to have one like it, would kill people who are his enemies. He then says he would kill himself because he has ears that move up and down and hears things he doesn't like, such as older boys calling him a "dope." He does not think he is very good but he would like to kill other people, especially F, who yells. F is afraid of him when he makes his muscles hard as a rock, because he would beat him up and chase him out of the house.

Boy leans heavily on doctor throughout interview, sits on his lap, undoubtedly gets some stimulation from physical contact. Finally sits on physician's lap saying not to open up the "track," meaning the doctor should not spread his legs and let him fall between them.

At end of interview, doctor suggests that he would like to hear from boy when he is at school.

4/13: *Treatment conference.* Conference for discussion of how best to handle Gordon's placement.

There was some discussion of M's relationship to men. At present she is tied to a good and a poor man, her boss and her husband. F and her older brother have been identified in her mind as men who need her help. She was doubtless "a little mother" to her brother and with some success.

4/14. M in office. Quite serious but businesslike in manner as usual. She had just this morning received an additional report from school about Gordon's lack of progress recently. M said she is convinced that Gordon must go away and feels school suggested for placement is place for him. She has already talked with husband and it has been agreed that he will pay school for part of Gordon's care, while she will pay the rest. She realizes that her husband may not pay his share regularly and, without telling him of her own arrangement with school, she plans to send them an amount to draw against in case F fails to make his payments.

M said that she knows that in many ways she is more like a man than a woman, particularly in her adjustment in business. She feels that if her husband had expected her to stay home, be a woman, and learn how to cook and keep house at the time that they were married, she would have been glad to have done so and could have been quite successful, but it is

too late for her to learn now. She regrets having had to make the adjustment that she has but agreed with worker that hers had been an effective one in many important respects.

M throughout interview indicated quite clearly that she is separating from husband after Gordon leaves. It has seemed to her that husband has taken a new lease on life since she has been planning for Gordon rather than for him. She tells him that he can pursue her if he wishes after they are separated and can get her back but she will not make it easy for him this time. She feels they might just as well separate permanently although she knows that she would return to him if she felt that he could be more of a husband to her.

4/17. Phone call from F. He wanted to come to see worker "just to see her once more and finish things off."

4/24. F in office promptly. Apologized for being unshaven, explaining he had slept later this morning than he had expected. Family has not yet received word from boy or from school and F is somewhat disturbed about this. We reminded him of psychiatrist's statement that family would receive a letter written at end of boy's first week but advised him also that if there were any serious difficulties, school would certainly get in touch with family immediately.

F hinted in a pretty direct fashion that he would like to know what his wife had told worker about her present plan and what advice, if any, worker had given. We explained that it was true that his wife had discussed a little of her feeling about him since any plan for one member of family does involve all others. However, we had not felt ourselves in a position to handle the marital situation. F went on to tell us his wife had told him that it was up to him "to run after her if he wanted her." He said that a man runs after a woman only when she is mysterious and that his wife could hardly be mysterious to him after years of married life. She has been too cold to him and Gordon for him to consider her a good wife. He spoke of feeling considerably better with Gordon away because for the past few years he has been continuously upset by the fact that Gordon was trying to get love from his mother and was continuously being pushed away by her. He said that he had a "mother complex" but that he knew that. M, on the other hand, has had a father complex and he cannot understand how a woman as intelligent as she cannot see the facts as they are and be affectionate at least to her own son. F said that his own analysis had helped him a great deal in understanding other people, as well as himself. If it were not for the treatment he got previously he might be very seriously depressed now because he misses Gordon a great deal. For the last two years he has spent every Saturday and Sunday full time with

Gordon, going bike riding with him, walking, etc. Now he realizes that he is thrown on his own resources for occupation but he plans to keep himself busy.

Letter from director of school. "Gordon gets along well in school, is active, busy, and, on the whole, quite well adjusted. I find no particular problems in child's daily life under the close supervision we give here. He appears well and is seemingly contented."

Since reports from school show Gordon to be gradually improving, *case closed*. Status: partial adjustment.

ADULT OUTCOME

Finished high school, but also spent a number of years at a private sanitarium for emotional rehabilitation. He was considered a behavior problem with a sexual deviation. Psychiatric rejection at age twenty-one. Diagnosis: Schizoid personality.

Edward

REASON FOR REFERRAL

Behavior problem in school. Restless and inattentive. Disturbs other children. Also a problem on the playground. Untruthful. Takes things that belong to other children. Neighbors complain of his stealing.

REFERRED BY

Family doctor at the suggestion of the school principal.

PERSONAL DATA

Age seven years. First grade. Parents divorced. Patient has lived with first one and then the other. Paternal grandmother is now keeping house for father, and patient is with them. No siblings. SSI: no information given, but there may have been contacts. IQ average.

Social history. Parents had been married about one year when Edward was born. F was operating a garage business and they lived for short periods in different towns. They always rented furnished rooms and ate their meals in restaurants as M did not want to cook. F states that there was much quarreling due to M's temper. M says F drank heavily and was very abusive, striking her and Pt when drunk. She says this caused the separation and divorce but F claims that her interest in other men was the chief reason. Both parents married again very shortly after the divorce and Pt has lived with first one and then the other. F is now separated from his wife and he claims that M kept coming to the home and making trouble so that his wife left him. Paternal grandmother is keeping house for F and Edward has been with them for the past two weeks because M asked F to take him. F said that she was "trying to pretend that the boy is crazy in order to get rid of him." M said that she does not want to get rid of Pt but she thinks that something must be done for him. She wanted F to take Pt because he has a car and can take him back and

forth to the clinic better than she can. Stepfather is working only part time. M is not employed. She said that F has not helped her support the child since the divorce. F said his business has dwindled. Both parents mentioned the fact that everyone noticed Pt and "bragged on him" because he was so bright and would make friends so easily. M said that she has tried to bring Pt up right. She takes him to Sunday school.

F has been married four times. He told clinic psychiatrist that he "just couldn't get along with his wives." He claims that he has always been very fond of Pt and that he would do anything possible to help him.

M is a small, rather untidy woman, of limited education. She appears to dramatize the events of her life and to enjoy telling them.

M had a normal pregnancy and birth. She said she wanted a baby but wanted a girl. Pt walked at eleven months and talked fluently at two years. He was a good baby.

About twelve months ago Pt was hit by a car and suffered a concussion. He was unconscious about an hour. M took him to a hospital but he was discharged as not needing hospital care. Later in the day F heard of his injury and took Pt to another hospital for examination. Patient had a high fever but the doctor who saw him found no serious symptoms. M kept watch over patient and he seemed to recover normally. However, M thinks there has been a distinct change in Pt's personality since the accident. He is more nervous, restless, and uncontrollable. He is forgetful and loses things. He gets lost and cannot find the way home. He lies and steals and no punishment does any good. He continually runs out in the street in front of cars. M states that all of this has developed since the accident. F said that Pt did run away from home in his early childhood.

Habits appear to have been extremely irregular. In M's home he sleeps alone. In F's home he sleeps with F. He talks in his sleep. Occasional enuresis. No masturbation so far as known, but recently M noticed that he seemed to be handling his penis and he complained of itching but she found no signs of irritation. Pt is not afraid of anything.

He entered school last fall and likes it. M had kept him away from other children until he entered school and he did not know just how to adjust at first. However, he likes the children in school and they like him. Pt is restless at all times and he cannot be still in school. He forgets what he is told to do. He loses his own things and takes other children's possessions. He leaves school and wanders about the neighborhood.

Pt likes football and other outdoor games. He is affectionate and tenderhearted but he is undependable, unreliable, and untruthful.

Edward makes up wild tales and goes to the homes of strangers to beg for money saying he is hungry. He steals toys and other things from houses in the neighborhood. He gets lost and claims that he does not know the way home. M becomes frantic when she cannot find him and

calls the police. Once or twice she has had radio broadcasts made in effort to find him. Strangers have called the police to report that Pt was lost and had forgotten where he lived. Now the city policemen have lost patience and have told the parents they must take responsibility for finding Pt themselves.

F states that Pt minds him and minds the grandmother when he is with them. However, F admits that Pt runs away from home and they cannot control this. F blames M for Pt's misconduct and M blames the accidental head injury. Neither parent seems to have any definite plan for the child's future care and training.

3/13: Psychological examination. On Stanford-Binet Edward secured a classification of average. Responses were impulsively given and at times were circumstantial. Attention was difficult to direct as examinee was uninhibited and exhibitionistic. He tended to dramatize his experiences and had an infantile drive for attention. Restlessness was marked but he was able to remain seated when specifically directed to do so.

Pt hardly knows where he lives. For about a week he has lived with his dad and grandmother. Before that he lived for a short time with M. It is interesting to note that though Pt was reported to have been lost frequently he could give accurately the street number for both the above-named places. Pt does not go to school; the only reason he could give for not attending was that he has to go to the doctor now. Of the school activities he likes the play hour best; drawing is his most interesting subject.

He enjoys having someone read to him. His ambition is to be a cowboy. Later he says he might be both a doctor and a cowboy. He is very fearful at night—afraid that something will get him. Occasionally he has fights; if he loses, he cries. Pt says he is sometimes naughty and that both parents whip him.

He repeatedly stated that he preferred living with F but says both parents are very good to him. He denied any difficulties with the teachers at school. He admitted stealing but said he usually returned the stolen toys; occasionally he lost them, however.

Edward should be in a home with some semblance of permanency. If parents could pay for his care in a boarding home, it would be excellent. He has learned to manage his parents and one who is not so attached to him can train him much better. A stable environment and consistent habit training are essential.

3/17. F in clinic. He was rather poorly groomed and there was a peculiar odor about him suggestive of some low-grade alcoholic beverage. He insisted on telling again of the difficulties he and M had had. He was

inclined to place most of the blame on her. He said he knew she "ran around" a great deal before they were married but thought they might get along. According to him Pt was a wanted child but soon after he was born M began "running around" again. Both of them drank. It was pointed out to F that there were some indications that he shared the blame, especially since he had been married four times and never had been able to make a go of it. He was told that Pt needed a home that was stable. It seems that neither parent could offer this stability. He was urged to try to get M to agree to put Pt in a boarding home for a year or so, the parents arranging some way to pay for his expenses. F seemed to agree but felt he could not contribute much just now. He feels that M could carry the whole responsibility if she would. F wants Pt with him and believes Pt wants to live with him.

F was anxious to know if Pt was "crazy"; he was told that we found no evidence to lead us to such a conclusion but Pt was entirely untrained and training is most essential for his final adjustment. F asked about his getting lost. It was explained to him that such behavior was largely a bid for attention and that it should be left unnoticed.

This situation is almost hopeless. The parents are so antagonistic toward each other and unwilling to try that their own selfishness stands in the way of the patient's chances. The outlook is poor.

4/23 (*Two years after case opening*). Stepfather called and asked that Edward, now age nine, be seen again as he still runs away. He has not been in school for two months. His school work was satisfactory but he "bothered the others" and has been kept out of school. Stepfather talked with the probation officer about two weeks ago and he suggested that Pt return to clinic. Stepfather said that F was willing to have Pt come to clinic again.

4/29. M in clinic. Stepfather did not come. Pt has lived first with M and then with F, but M said he had been with her most of the time during the past year. The stepfather is having a hard time. M does not work outside the home. Pt occasionally stays with the paternal grandmother. Pt likes his stepfather and never has been mistreated by him. M said that since Pt was seen at the clinic she has tried to follow the suggestions made. She has spent a great deal of time with him and has tried to provide recreational interests, but patient has not responded very well. Last summer M had to have a serious operation. She feels better now but is not entirely well. Pt has become a more and more serious problem. In April he was placed in a home for boys, but he ran away two days later. The parents were notified that he had disappeared, and F found him two nights

later on the street. The only way to keep Pt home is to tie him up, and M now has him chained in the house.

Patient's general health seems to be good. He does not eat very well at meal time, but mother thinks he gets things to eat when he is out on the streets. Pt was enrolled this term in third grade, but he was a persistent truant. F arranged to have him transferred to another school, but he still truanted. He has not been in school during the past six weeks, and the principal told the parents he was not crazy, but he thought there must be something seriously "wrong with his nerves for him to behave as he does." Pt seems to get along well with other children. He does not fight. When the parents look for him they usually go to movie theaters.

Pt steals and lies. He picks up small articles from stores and sells them. Last Friday M took Pt with her when she went to buy the groceries. Pt offered to help carry the packages home, but when she released his arm he ran away. Some men caught him as M could not run fast enough to keep up with him. For the past three days M has kept Pt chained and has released him only when she and the stepfather could be with him. She said that he has things to play with there in the house.

M said she would like to have Pt placed in a home for boys. She added, "It will take a fence to hold him." She would be willing to have Pt placed in a foster home, and thinks F would help pay his board to the extent of his ability.

5/9. Principal called. The report he gives about Edward at present time is almost identical with that given two years ago. Pt has not been in school for two weeks, and the principal understood that he had run away and had not been found. Pt seems bright enough and quite capable of doing his work, but he is a real problem in the school. He annoys other children and is in trouble all of the time. He takes things that belongs to other children and sells them or gives them away. A little girl brought a scooter to school. Pt stole it and sold it for ten cents, after which he gave the money away. Principal said none of his stealing seems to be for profit or advantage to himself. He walks up to other children and takes things out of their hands, particularly younger children. When principal or the teachers talk with patient he cries and promises to do better. He is small for his age and has received a great deal of attention. Punishing him does not do any good. Principal has whipped him several times, but Pt has repeated the offense for which he was whipped almost immediately afterwards. Principal said that Pt either has no conception of right or wrong or else he is completely hardened. The principal has found it very hard to find the mother at home. He thinks the only thing to do is to put Pt in an institution where he cannot get away and keep him there over a long period of time.

5/12. Welfare agency was asked to consider Pt for boarding home placement. They agreed to accept the case and commented that it ought to be possible to break a nine-year-old boy of his undesirable habits.

5/14. M was in the office for a report of the findings. She was immediately informed that we felt the boy's situation in the home intolerable and under the circumstances it was not advisable for her to attempt to keep Pt longer and advised her to place him at least until some of his problems are worked out. M feels desperate about Pt and quite willing to consider placing him. She was immediately referred to the welfare agency, and we explained to her at the time that they would carry out treatment as we had recommended. Later the psychiatrist and social worker interviewed M together and discussed plans for Pt. M was willing to have Pt placed in a foster home. She said the stepfather would cooperate and she thought Pt's own father would also but he is not in town now.

5/17. Welfare agency worker called and said that Edward was placed yesterday in a boarding home. Today Pt took money from foster mother's purse and left. He had said something about having an aunt, and foster mother thinks he may have gone to her.

5/25. Welfare agency worker said that Pt went to church with boarding home mother last Sunday night and made a talk to the congregation assembled, telling such a sad story of his life and recent conversion that "there was not a dry eye in the house." Welfare agency worker will ask boarding home mother not to encourage too much emphasis on religion.

5/31. Agency worker called and said Pt has run away again and has been gone since last Friday. Boarding home mother gave him money to get a haircut and he disappeared. Grandmother reports that he came to see her for a few minutes but she could not keep him.

The stepfather called agency worker and said he did not want Pt to go back to the boarding home. He said the plan was no good; that the clinic had tried to help Pt but did no good. Stepfather thinks the only thing to do is to keep Pt locked up and chained at home. Agency worker said it might be necessary to file dependency charges. She will try to get Pt back to the boarding home today.

6/6. M called agency worker and said she let a woman take Pt home with her. M did not know her address but said they want Pt to live with them.

6/7. Agency worker said that Edward went to sleep in a car parked in front of a downtown theater and was found by the owner next morning.

He phoned the police. Pt seemed upset and said the clinic wanted to send him to a reform school. He was not willing to go back to the boarding home and they did not want him back. A policeman became very much interested in Pt. His wife went to the home to see Pt and was horrified to find Pt very dirty and chained to a heavy table. M consented to let the policeman and wife take Pt and they bought new clothes for him and told him he could be their little boy. They have one child, a girl, eleven years old. It is felt that the home is not a very good place for Pt but that it will be hard to break up the arrangement at present and that Pt should be left there temporarily. Later, Pt was in the office for a short time. He was quite well dressed, has the same pleasant, appealing smile, seems a little bit more at ease and less restless than when last seen. He says that he likes his new home very much and that he knows he is going to get along fine where he is. Without any questioning or prompting whatsoever he immediately volunteered that he is never going to run away again, never going to steal, etc. In the main there is very little change in Pt's attitude except that he does not look nearly as deprived and underprivileged and seems to at least partially appreciate some of the advantages that he has in his new situation. The foster mother was in the office. She reports that Pt has been getting along very nicely, and that she is sure that he is going to make a good adjustment, that he will not run away, and that there will be no problem as to his stealing. She was assured that we felt that she was overestimating his possibilities, that there was practically no chance in the world that he would not run away or steal; that we admired the attitude that she was taking towards him but warned her not to be too upset when something did occur. She seems to be a fairly understanding person except that she cannot see Pt as he really is. However, she indicates in every way that she will be as cooperative as possible and will carry out suggestions and instructions given her at the clinic. It is to be hoped, however, that arrangements can be made by agency worker for agency to continue to have the responsibility for the patient.

6/16. Worker from a medical clinic called to ask for a report. She said that Pt has been coming to the clinic for attention to a broken arm and that he seems like a different child, he is so happy and the foster parents seem so fond of him. Later, foster mother came to the clinic with Pt. She was neat and clean and appeared to be fairly intelligent but she is very sentimental in her attitude toward Pt. She is sure that Pt will give no trouble as all he needs is love and she and foster father are very fond of him. Effort was made to give foster mother a more objective attitude and to prepare her for some disappointments. She said she wanted to keep Pt as her own child always.

6/25. Agency worker reports that foster mother has asked that Edward be removed from her home because he is so disobedient. He does everything she tells him not to do. Agency worker will go out to talk with her about Pt.

6/27. M called agency worker and told her that she was taking Pt home as foster mother was not willing to keep him. Later foster mother called and said she had taken Pt back to his mother. Foster mother said that Pt was uncontrollable. He continually awakened foster father when he had to sleep in the daytime although it was explained that his foster father worked at night and must have rest during the day. Pt put purple paint all over their stove and deliberately took the ice pick and chopped holes in their best rug.

M is not willing to have Pt come to the clinic again because foster mother told her that the clinic said Pt ought not to go to church so much. F is back in town and is opposed to placement of Pt. He told Pt to come and live with him. Pt left home once since his return but came back of his own accord. Agency worker will try to see M and stepfather very soon.

7/5: *Treatment conference.* M took Pt to an uncle's farm. Foster mother refuses to take Pt back. She stated that Pt looked so much like an angel and seemed so pathetic that she would not believe anything bad about him at first. Pt cried and did not want to return to his mother.

Agency worker does not have the boarding home that Pt needs at present. Question of placement was discussed. The stepfather has agreed to let Pt be placed again. It was decided to try placement in the country although this will make supervision more difficult.

7/15. Agency worker phoned. She had placed Pt in the country.

8/6. Agency worker reports that Edward is getting along well so far in the new boarding home.

10/17. Agency worker called and said that Pt ran away and was picked up by police. He told a fantastic story about himself. Last week he ran away, for which he was whipped and was denied the privilege of going to the movies with the other children. Today Pt ran away again and it is thought he went to the movies. Agency worker will take him back to boarding home when she finds him.

10/19. Agency worker reported again on Pt's recent runaways. Pt ran away from school when he went to the movies last week. He stole maga-

zines from a newsdealer to sell. When Pt runs away he begs and says he is lost; stealing is becoming more of a problem. Pt does not like school but is quick in his work.

11/21. Agency worker phoned to report circumstances which necessitated turning Pt's case as a dependent child over to the juvenile court. Agency worker is to supervise Pt's case in boarding home but juvenile court has assumed authority about Pt's removal from home of foster parent. Stepfather and M visited boarding home yesterday and lectured the boarding home parents, Pt, and other children about religious training the children should receive. Stepfather and M do not think Pt is receiving the religious training he should have. They wanted Pt to come home for four days so he could attend a Bible school. This was refused but arrangements were made for Pt to spend Thanksgiving Day at home. Stepfather was quite angry about the situation.

11/30. Welfare agency worker reports that Pt has calmed down. He is in fourth grade and had a satisfactory report card at end of the first six weeks. M has been complaining a good deal about his poor adjustment in the boarding home. She and stepfather threatened to take him out because he was not getting proper religious training. Stepfather resents the fact that the psychiatrist advised M not to overemphasize religion with Pt. Now M has apologized and said she wants Pt to stay on with boarding home parents.

1/20. Welfare agency worker stated that following the recent episode of running away a man became very interested in Pt and has insisted that he be allowed to do something for him. Agency worker says she realizes that this would be extremely unsatisfactory and has tried to discourage him but without success, and has requested that he come to the clinic to talk this matter over before actually doing anything. She was told that under no circumstances should this man be allowed to enter into the picture, even if this necessitated legal restrictions.

1/24. Agency worker called. Pt ran away again.

1/30. Agency worker said that Pt is back with boarding home mother. Little has been said to him about his escapade.

1/31. Agency worker reported that Pt had run away again. M had insisted that an x-ray be taken in order to rule out the possibility of some physical difficulty. Agency worker was asked to make arrangements for M to come to the clinic to talk this over. Later, M was in the office for

an interview and stated she was sure that there was something wrong with Pt's head and the only thing that would satisfy her that we had exhausted all possibilities along this line was to have an x-ray. We said that this could be done but that it would be valueless in giving us any indication of the reason for Pt's behavior. M seemed to be very reasonable as usual while in the office but it was felt that she understood nothing at all of what was said. In spite of any efforts that might be made to satisfy her curiosity she would continue to believe whatever she desired and there were no objective tests which would convince her of the real facts of the matter.

2/3. Agency worker reports that Pt ran away again. She thinks Pt may have perverted sex habits and may earn money in this way. Foster mother recently reported an incident of sex play that occurred soon after Pt came to her home.

2/4. Boarding home mother was seen. She said she could make better progress with Pt if M would stay away and leave him in her hands. She was not anxious to take Pt back unless some arrangements could be made which would prevent M from having anything to do with him whatsoever. She did feel that Pt had improved remarkably, that he had been going to school and except for his running away he was getting along fairly satisfactorily.

2/14. Agency worker has found Pt and returned him to his home.

2/15. Ed was in the office for a short interview. He seems to have grown a good deal taller and was a little older in appearance than formerly, but otherwise he remains about the same. He has the same pathetic manner of talking. He does not attempt to appeal particularly to the examiner's sympathies but at the same time offers no excuses or alibis for his behavior and gives the impression of just putting himself at the mercy of anybody that he is talking to. His running away was mentioned. As usual he had very little to say except that he knew he was never going to do it again. He did have a few complaints to offer about the way the boys treated him at the boarding home and said that he would rather go to some other boarding home than to have to return. However, he would return if it were necessary.

2/17. M called to inquire about what was found during the interview with Pt. She was told that nothing very distinctive came out of the interview and that the physical examination did not reveal the necessity for x-ray at this time.

2/20. Agency worker said that Pt ran away last week and took another boy's bicycle with him. He was brought back the next day and ran away again, jumping out of the bathroom window to make his escape. The same night he was found and returned. Boarding mother now has him in bed. The bicycle is still missing.

M and stepfather came to agency worker's office and stepfather insisted that Pt must be crazy and wanted an x-ray made of his head.

2/28. Agency worker said the mother and stepfather had insisted on taking Pt home and they now have him chained. Worker was asked if agency would take him again for placement and she said they would be glad to continue work on the case if the parents would consent.

3/20. Agency worker called regarding Pt. She stated that Pt had been placed in another boarding home at the request of the foster parents as they had no room to take him back. She did not feel that the present boarding home mother was as adequate as the other one but Pt seemed to be getting along fairly satisfactorily.

4/16. Probation office called. Several days ago Pt had been picked up for stealing bicycles. He was placed in jail but through agency worker's efforts, he was released. Two days later he was again stealing bicycles and was placed in jail.

4/21. Former boarding home mother telephoned that since Pt has been in jail, the boarding home father has been down to the court. He is very interested in patient's welfare and would like to see him released as soon as possible. They would like to have him come back to their home providing some arrangements could be made whereby mother did not have contact with him. Boarding home mother feels, however, that everyone at the court is set on having patient sent to a state home and she does not feel that this would be the proper disposition. Later, agency worker called. She would like to know what could be done to arrange for some permanent plan which would prevent his further detention in jail or being sent to a reform school.

4/24. At the request of probation officer, psychiatrist went to the court to interview the judge about the patient. The psychiatrist reviewed the case as we had found it and stated that the prognosis for any real improvement in this patient's behavior was quite poor but that long-time treatment in a foster home was probably the most satisfactory answer in terms of treatment procedures. Barring this plan, it was felt that there was probably one other choice and that was that Pt be committed to reform school.

where he could remain in one place. The judge asked about the advisability of sending him to another boys' home. He was told that we felt definitely that this would be of little benefit and that the patient would probably be running away from there so often that it would take one person to keep chasing him all the time.

4/25. Probation officer reports that judge committed Pt to the Home for Boys.

5/1. Probation officer reports that Pt ran away last week and stole several bicycles. He was picked up and placed in jail but was released to Boys' Home.

5/18. Director of Boys' Home reported that Pt had been making a very satisfactory adjustment at the Home, seemed to be getting along quite well. He was allowed to leave the Home for a visit once and failed to come back but was returned by the authorities and is still at the Home.

put in jail, and then sent back to Boys' Home. This is the fifth or sixth
10/19. Probation officer reported that Pt ran away, was picked up and time Pt has run away.

11/25 (*Five and a half years after case opening—age twelve*). Probation officer called to ask for a restudy as Pt is in jail again. He has been turning in false fire alarms and has done some petty stealing. He runs away from home and from school. Last summer Pt was released from Boys' Home to go back to live with mother and stepfather. Boys' Home worker said Pt had improved so much he ought to have this chance to live at home. Probation officer said Pt has lapses of memory and undoubtedly "there must be something wrong with his mind."

ADULT OUTCOME

At age thirteen, placed in the State Training School for incorrigibility following an earlier history of truancy, running away from home, and turning in false fire alarms. At age fifteen, returned to the State Training School for violation of parole, for truancy and theft. At age sixteen, convicted of burglary and returned to the State Training School. When Pt was seventeen probation officer reported that a request had been received for social history on this case from a city in another state, as patient was picked up for vagrancy. Mother received a request for seventy-five dollars from a man who had befriended Pt in that state and from whom

Pt had stolen clothing to this amount. While on this trip Pt wrote former probation officer and told him that he was closing the letter so he could love his girl who was sitting beside him as he couldn't get enough lovin'. At age twenty, convicted of breaking and entering in a state on the West coast and confined for six months. At age twenty-one, committed to a mental hospital with a diagnosis of schizophrenia. At age twenty-six, convicted of burglary in a state on the West coast. At age twenty-eight, convicted of burglary in his home state. In view of a history of periods in mental hospitals, the question was raised as to whether he should be sent to a penal institution or a mental hospital. He was sentenced to a state penitentiary. He was never in service because of his criminal record.

Ralph

REASON FOR REFERRAL

Tics of face, head, neck, and arms.

REFERRED BY

Father, through physician.

PERSONAL DATA

Age eight years, four months. Third grade. Living with parents in good economic circumstances. SSI: none listed. IQ not given.

7/20. Father telephoned, saying "My doctor referred me to you about my boy of eight. He has nervous movements of the hands, face, and neck. I've had him to a few neurologists. They say they can't do anything. Can you do anything about it?" I asked him if he would be willing to come in to discuss the situation.

7/28. F at clinic for appointment. I must say this was the most difficult applicant I have seen in a long time. He looks like a fairly comfortable businessman who makes a very good impression in his appearance. He has lost a great deal of his hair. This, with his sharp eyes and large nose, gave him the appearance of a large bird, fearful, watchful. My strongest feeling about him was that he seemed to feel in danger, as if someone might attack him or impose upon him at any moment.

He was cold, hard, brittle, but perfectly circumspect. He not only could not express any feeling about the boy or the situation but also could not allow that there be any feeling. He began a cold description of uncontrolled movements in his eight-year-old son, Ralph. He called them "nervous movements" of his arm, face, and head, and once or twice illustrated them. He told how one disappeared, only to give way to another.

I listened to his detailed descriptions given in a cold, stern voice. It seemed as if his son were only a "tic" to him. I then tried to get some real understanding about the boy as a person and the situation in terms of what F had done about it. He told me of having taken the child to two neurologists who gave the boy medicine. They could not tell the cause of these movements nor cure the boy, but had a general opinion that he would outgrow them.

It is over two years now that the boy has been showing these movements. He plied me with questions. "Do you have children with this trouble? Can you cure them? What do you do to them? Why can't the neurologists say what it is?" I said that we do have some children like this, and like any other troubles in the area of behavior, I felt that they were helped in varying degrees, depending on circumstances.

He wanted to know what the treatment was like and who administered it. I tried to give him some idea of the boy's separate interviews and his developing a relationship with a staff member to see if, through direct work with the boy, they could get at these movements which he felt he could not stop. F said very skeptically that they had tried everything else, and the only thing left that he could think of was sending him away for a rest cure. I asked him some general questions about the boy and how he was getting along. He answered them briefly with yes and no or some short sentence about his being a normal boy in every other way. He is bright enough and gets on pretty well at school, although he is not too enthusiastic about it. He pictured him as getting on all right with other children but mentioned that he spent most of his time with his parents. He could not say whether the nervous movements were as prominent at school or while the boy was out playing. He and his wife were worried about the movements not disappearing in all this time.

Three times he came back after shutting off any discussion to ask, as if it were a new question, "And what is the treatment here?" He asked, "Do you think the treatment's worthwhile? If you think this treatment will help him, he'll come. That's all there is to it. If it's something for his health, he's got to do it." He unbent a little bit to say, "And if you won't hurt him, that is, like sticking needles into him, he'll go anywhere."

The boy is susceptible to colds, and once about two years ago the whole family went south, which did a great deal for the youngster physically. With some force and a little heatedly, F said that if he knew that taking him to another climate would cure him, they would all go and live there.

I asked if there would be any point in his wife coming in to find out about the clinic, since he felt she would be carrying the responsibility for the treatment. He bristled immediately and said he didn't see any point in that. He could tell her about it.

As he left, he said that maybe he would be bringing both of them down the first time.

I want to record that F showed a very odd kind of mimicking of my positions. I am sure he was unconscious of this, but I noticed that in a minute or two after my hands were folded in my lap, his would be in that position. When I opened mine, his would drop apart. Once I leaned my chin in my hand. In a few moments he was in that position.

8/15. M telephoned today to tell the results of their physician's finding. M sounded quite upset, gave me the impression that he had found something quite seriously wrong with Ralph's nervous system, and she wanted to know whether we would be able to treat him here. I suggested my getting in touch with the physician.

I telephoned the family physician, who told me that Pt was suffering from too much parental concern and interference. He said that the child had been to a good many physicians because of his tics and that his condition has been diagnosed as everything from chorea to petit-mal seizures. His opinion is that the boy has nothing organically wrong with him at all, but that he has been so upset that the tics are of an hysterical nature and do need attention. He thought that even more than the boy, the parents needed some advice about paying such close attention to the youngster. He was convinced there was no need for physical treatment.

8/15 (*Social worker*). M arrived promptly for her appointment; she is quite an attractive, nicely dressed woman. I had the feeling that in spite of her obvious poise, M was afraid of coming here and was dreading the talk with me. I mentioned the physician's opinion that Pt's condition was functional rather than organic. M said he had told her the same thing.

I went into some detail about the way children are seen. M told me that one of the things that concerned her most about Pt was the way he always stays by himself. She has purposely gone over to the schoolyard during the recess hour without letting him know that she was there to watch him and has noticed the way he will slink off into a corner by himself and not enter into games with the other boys. She thought the reason for Pt's holding back from the other children was that he was not sure they wanted him to play with them. Of course it was perfectly silly of him because he is certainly as bright as they are and knows as much, but he is very shy and has to be certain he is wanted before he will enter a group. She is not one to criticize him, really, because she had pretty much the same sort of experience when she was a child and it took her years to get over it, so she can understand it, but it worries her that he should be like that.

She went on talking about him and painted the picture of a quite sensitive boy who is interested in being alone, although she does not think he really is, only that he is too afraid to mingle much with other children. He is very nervous, constantly twitching and not able to stop it. She has talked with him about these "habits" and he swears that he doesn't know he is doing any twitching. She feels quite confused about the whole thing. She thinks he means it when he says he can't help it and yet it is the only thing she asks of him and he won't stop them. He is quite well behaved on the whole, except for the fact that he is extremely excitable and loves to talk, will not hesitate to interrupt no matter who is talking. There is another thing she has been concerned about. She talked it over with her physician in connection with a particular incident which was very embarrassing, when Pt insisted on talking at a great rate and she could not get him to stop. He said that she should have been stricter with him about it. I asked M if it had to be one way or the other—that is, was it not possible that he could not help it, but that at the same time he really was disobeying her? She smiled warmly at this, said that was it exactly. She thinks sometimes she has not been strict enough with him. She told how hard it is for her ever to punish him. Pt knows it, too, and always tells her that she can't punish him and then she feels very funny about it but does not know what to do. I thought it was pretty hard to punish a child for something you felt so worried about, and she agreed that that was the trouble. She told me that Pt minds when she yells at him; of course, he calls even the mildest disapproval yelling, and then that upsets her because she thinks it is bad for her nerves.

M said that she had lots of confidence in the clinic. I thought it was a little early, feeling the question under her words. She then told about the time a man who claimed he was a psychiatrist said he wanted to observe Pt for awhile and used to have the boy come to his house and play with him, but even though the child went there for quite a while and the doctor charged them high fees, actually it did not help at all. Pt's attitude was that it was a very nice way to spend the time but that there was no help for him in it.

She made one reference to the tics being physically caused. Pt had always been a model child until he was about four years old and she had his tonsils removed. She thinks the operation was quite a shock to his nervous system. I agreed that certainly some people felt operations much more deeply than others, but he seemed to feel everything very deeply. M leaned forward in her chair, said that she has thought of that many times. He is too sensitive and after all he will have to learn to take a few more knocks; people in the world are not going to be as careful of him as she is. She knows she has been far too protective.

8/22 (*Social worker*). Patient and mother at clinic. Pt went with the psychiatrist. M said Pt had not been scared about coming. She had not told him why they were coming, although we had agreed to in our last talk. I asked about this and she informed me very blandly that she remembered distinctly our deciding that it would be far better for him not to know why he was coming here. She told him that she had to come here and children came down to play and have a good time. He wanted to know if it were a kind of club and she agreed that it was. However, when they got here, he read the sign on the door and questioned her pretty sharply and said he didn't believe that this was a club at all but that he was coming here for his habits. According to M, he did not resent it but did seem a little surprised and not at all interested.

She said that now that he is attending school regularly again, his habits don't seem as bad as they did. She has noticed that every winter they improve because it seems that when he has his mind occupied with school work, he is much less nervous than in the summer. He is such a nice child in every other way. She told me how well behaved he was, what nice manners he had, how she never had much trouble in getting him to obey her the way some mothers do. I asked did she mean that he seemed perfectly happy in every way and she hesitated, then admitted that that was not true. She told me about the way he was with other children and apparently this is a source of very keen worry to her. I gather he has no friends at all and seems afraid to fight back if they gang up on him. I thought she might be well pleased that he didn't fight and she said that of course she wouldn't like him to be the kind of boy that was always starting fights and getting into trouble, but on the other hand, she did not want him to be a coward. She knows that he is far more contented to stay in the house and read a book than go out and play ball with the boys. She mentioned a friend telling about his son who was just like Pt when he was a child. This man advised father to force the child to get out for some period every single day and play with other boys. As a result, F has forbidden him to read when he comes home from school; he must get outside and stay there. M told me that yesterday he had a new book which he was quite excited about and because he knew he would not be allowed to do his reading in the afternoon, he got up at six o'clock in the morning and finished his book. She noticed that when he went out with the boys in the street he just stood around and watched them, not really taking part in their games. From her tone, it was clear that she did not think much of this, and when I asked how she felt about making him go out every afternoon, she told me that she could not see much point in the way people handed out advice about what to do and what not to do for Pt. Everyone she knows has something to say about him, and she knows that the reason her husband made this new rule yesterday was as a direct

result of talking to his friend. I thought she might not agree with the plan herself, and M at once informed me that she and her husband were in perfect agreement about what should be done for Pt; they never disagree. She said that F and she were talking about him the other day and he told M that Ralph's trouble was that he had too much mother. I asked what he meant by that and she smiled, said lots of her friends think that is true, too. I asked how she felt about it herself, and it took several minutes before M could separate what her own opinion in the matter was, but then she was able to say that she disagreed with them. She feels that after all a mother's obligation is to do everything possible for her child, and she would not hesitate to devote all her time to him. On the other hand, she does not like him to be so close to her. I asked about this, could she give me an illustration of the sort of thing she meant? She told me that on a Sunday morning they had all planned to go play golf together and he was excited about going. However, when the time came to go, M had developed a headache and decided to stay home, whereupon Ralph announced that he did not want to go either; he would rather stay home with his mother. His father thought it was not natural for a boy to prefer to stay home with his mother. She obviously takes a great deal of pleasure in the child's closeness to her, and at the same time, feels pretty guilty about it, but at no point did she see herself as having very much to do with it.

Recently she noticed Ralph set upon by two boys. He was all set to run to her, but she called out to him to stand there and fight. She knows what it must have cost him, but he stood his ground and did not do too badly. She thought that having her nearby was what gave him enough courage to handle the other youngsters and it was good for him to be urged to fight. On the other hand, she was terribly upset to discover when they got home that his tics had gotten much worse and have remained so since. Sometimes she thought his trouble was that he was just a coward and she knew no way of getting him over it.

8/22 (*Psychiatrist*). When I first saw Ralph downstairs I thought he must be mentally retarded. His mouth was open and twitching, his head was bent to one side and he had frequent twitches of his eyelids and forehead. When we got to the office I went over to the desk and sat down in my chair and he came over and stood very near me. His head straightened up then and though there were small twitches, he looked better than he had. He stood there almost at attention and I said, "Well, Ralph, I guess you can sit down here somewhere if you want to." I said, "Well, Ralph, how did you feel about coming down here?" He said, "All right." I asked, "How did you happen to come?" and he started off almost explosively, "I don't know why. I thought my mother might be taking me to the movies

or maybe for an airplane ride or something." He was tense, defensive, and defiant. I said, "Well then, it must have been quite a shock to you to be brought here to see me when you didn't know anything about it," and he nodded. I said, "Well, I don't know the whole thing, but as I understand it, your mother and father are worried about . . ." and before I could say any more he interjected, "My habits? Well, I've been a lot to doctors and all the doctors have said to do nothing, that I'll outgrow it and that's what I think too."

He sat there silently in the chair looking at me and after a moment I said, "Today we'll kind of get acquainted." I talked with him a little about where he came from and his family and he answered in a monotone. Finally I said, "Do you see anything around here that you think you'd like to use or play with while you are here today?" He got up and went over by the shelves and began to look around, barely touched a couple of things and then turned around and stood looking at me.

After a couple of minutes he went over to the blackboard where there were some airplanes drawn and started to draw an airplane. I talked with him about airplanes as he drew. I said, "I guess you like airplanes." He said, "I do and I know a lot about them too. I know how they go and everything." I said, "Have you ever been up?" and he turned around with a good deal of fire and said, "No, and that's just the trouble. I want to go up and I asked my mother if she'll take me up and she says, 'If you do this I'll take you up' and then I do it and my father comes along and says 'No, you can't go' and then I ask my father and he says, 'Well, if you do this I'll take you up' and then I do it and my mother comes along and says I can't go. They just can't make up their minds."

He then began to play with the two tin airplanes and spent the last fifteen or twenty minutes with the big one, becoming quite animated as he went along having fights and crack-ups, imitating the noise of an airplane motor.

When he became really interested in his airplanes, his tics completely disappeared, but they had been particularly present during the early part of the hour.

8/29 (*Social worker*). M and Ralph were late today and M met me with an apology, said very frankly that she had no conception of time and never gets anywhere she is supposed to.

She went on to tell me that it was all right with Ralph to be returning here today but he was not very enthusiastic; he seemed rather indifferent. I thought he was probably not the only one to feel a lack of enthusiasm and she politely denied that such was the case. He had told her about his session, but as far as she could tell, he did not do much there. He said that his toys at home were nicer and that it wasn't very exciting.

Aside from that he told her nothing about it and she did not feel she wanted to question him too much about it. I told her that Ralph had been quite scared during the first part of the hour. His tics were very marked during that time, but as he gradually became a bit more comfortable, he was able to enter into some play and when he became really absorbed in what he was doing, the tics disappeared completely. She agreed that she has noticed the same sort of thing at home. If he is reading a story he finds interesting or playing with something he likes, the tics clear up, but when you say a word to him they will start up again. We talked a little about the relation between the tics and fear, but she would not discuss anything specific.

She asked me suddenly if I didn't think it possible that Ralph was really suffering from chorea and that was why he had all the tics. We had a long discussion about this. I asked if she felt that in spite of what the doctors had reported, that there was something physically wrong with the boy. She said of course she has had him to many doctors and they all tell her the same thing, so she ought to believe them, but she can't help feeling that if he could be taken into a hospital or convalescent home and put to bed for several weeks that it might provide the complete rest and relaxation that he needs to cure him. I suggested that it is easier to face a physical illness because of its definiteness. She told me that whenever she has suggested her idea to a physician all she has gotten is a laugh and the assurance there is no reason in the world why Ralph should be put to bed.

She told me that his habits had been very bad this past week because they had a lot of excitement at home. His grandparents were visiting. He is easily upset by anything out of the ordinary. Suddenly, she let out a long sigh and said sometimes she thinks his habits are all her fault. I asked what she meant and she said that she thinks they are entirely due to her scolding him. Her husband always tells her that she scolds Ralph far too much. He knows just how Ralph feels inside and how easily hurt he is and that is the worst thing in the world for the child. I asked what her own feeling was and she said she did not know, but she thought probably the scolding was not too good because Ralph is affected by it. I asked what his reaction to it was; did he cry or get angry? She then said that he has never had a temper tantrum in his life. She used to be so proud of it when he was a youngster but now she is not so sure it was a good thing. She would rather have him throw a temper tantrum than have these dreadful habits. Then with a rueful smile she said that of course Ralph was just like her husband in that respect. The father, too, never gets angry. He is sensitive so that she has to watch everything she says to him. In fact, once in a while he will twitch, too. She has to be very careful not to offend him; sometimes for a grown man he gets hurt over quite childish

things. I thought she was in a difficult position between the two of them and she agreed that she certainly was. She wishes her husband would get angry once in a while.

8/29 (*Psychiatrist*). When we got in the office Pt stood undecided by the chair and finally sat down. I said, "How did you feel about coming down here today?" He said, "Oh, all right." I said, "Perhaps you weren't so keen about coming today," but he didn't say much to this. He then went on and said, "I knew what it was like this time," and then he added, "but I didn't think we were coming back."

He sat uneasily in the chair looking at me and twiddling his cap. There was a great deal of twitching of his eyes and mouth. Finally I said, "What would you like to do today?" He said, "Well, am I supposed to do the same thing I did last time?" I said, "No, unless you want to." He still sat there undecided. I said, "I guess you'd like to have me tell you what to do and then it wouldn't be so hard," and he said rather sincerely, "Yes, if I only knew."

After that he put his cap down, squatted down by the shelves and pretty soon he came up with a comic book and started to read. It was quite apparent that he was not really interested in it and his mouth and face twitched constantly while he was looking at it. He finished with that book quickly and got another one which he also leafed through very rapidly.

He then went over and began to draw on the blackboard but couldn't really get started doing anything. He didn't stay there very long and then came back and tried a little top, made it work a couple of times but lost interest in that very quickly.

After a bit he got out a gun and began to shoot. In a humorous vein, I said, "I don't know whether I'd like to be in the room when you have a gun." Rather seriously he said, "I guess it is pretty dangerous."

He got out a racing car and began to push it across the room, but he was very careful not to have it bump into anything. This was rather typical of the entire hour, starting on things but not carrying them very far and not taking any chances.

It seemed to me that he was much more cautious this time than last, much more afraid of really getting into anything.

9/11 (*Social worker*). M said she had an awful time coming today. She has so much to do this time of year and the days just aren't long enough.

She wanted to know about the last hour with Ralph. I told her how scared the boy was, how it was extremely difficult for him to take the responsibility of doing what he wanted to do and how he made endless efforts to try to get the doctor to tell him what to do. She said at once

she thought she could explain that to me. Ralph told her when they left last time that there was nothing in that room for him to play with, that he found the whole place pretty boring and the mother thinks that there was really nothing there for him to be interested in. She thought that Ralph was not at all like that. He is not scared; there is nothing here for him to be scared of. I said there were reasons for anyone to be scared here—not only children but parents too. She softened a little at this and then said sharply that she would not call it fear; she would call Ralph self-conscious. He is scared when he is with other children, not with adults. Then triumphantly she wanted to know if I would say he was afraid in school, too? She went on to say how adequate Ralph was at school.

She returned to Ralph's self-consciousness, as she called it. She knows that she herself has always suffered from the same thing and her husband too is very shy with people. She told me that when she and her husband meet people they would like to know better at a party, they would not dream of asking the people to their house but always wait until the others invite them to their house.

At the end she said not a word about coming in next week. I think after today's interview it will be quite hard for her to come back to the clinic.

9/11 (*Psychiatrist*). Ralph was going through a great many gyrations, twisting his face and head around, when I saw him in the waiting room. When he got into the office, I sat down at the desk and he stood almost at attention, halfway between me and the toy shelf.

He found a large battle tank and began to run that around the room. He would run it over towards the chair as though he were going to bump into it, watch it and then quickly run across himself and stop it just before it bumped. He got some soldiers who had a cannon and the tank would run over them. He did this quite a number of times. He did not show very much feeling in connection with this although I felt there was a great deal of feeling underneath.

He went over to the blackboard and turned to me and said, "What'll I do?" I said, "I guess it would be a lot easier if I told you what to do." He said, "I know, I'll write with my eyes closed." Then he erased this and left the blackboard. He got out a comic book and crayons and I thought he was going to color it. When he put the book down on the floor, he started to read it as he had done before. I had noticed today that even in his most active play his twitchings had been very pronounced. Only when he started to read the comic book and seemed to be absorbed for a minute did they stop. But most of the time, even when he was looking at the book, he would twitch and make funny little noises or laugh a most unearthly, unhumorous laugh. I said that his twitches are unusually

bad today, the worst I have ever seen them. He said, "Oh no, I'm like this all the time." He started in again to read. After he had read a couple of minutes it became apparent that that was all he was going to do. I said, "If all you are going to do is read we might just as well quit." He turned around in semi-surprise and said, "Why?" I said, "Well, you can read somewhere else just as well as you can here, and if that's all you want to do you might just as well be somewhere else." He sat there stiffly for a moment, looking at the book and then very slowly and deliberately folded it up and put it away.

He tries to show as complete a lack of feeling as anybody I have ever seen, but you get little leads now and then that there is something bubbling underneath.

9/18 (*Social worker*). They were late today and M began as she usually does by telling me what a rush it was getting here. I told her that I had been meaning to talk with her about the time of appointment, that I could change to a different hour if she were interested. She was silent for a moment and then said that she wanted to talk with me about appointments today; she has been seriously considering the possibility of stopping altogether. Ralph's twitching has been very bad this past week, much worse in fact than she has ever seen it and she feels that coming here does not seem to be helping him at all. He has a new tic now, twists his head sharply from side to side and just on the way down today he suddenly exclaimed that he wished he could stop it; it made his head ache terribly.

I told her that there might well be some connection between Ralph's increased twitching and the kind of hour he had last time. It was a pretty painful time, but we felt an important one for the child. She said suddenly that she had asked Ralph about what they did last time and he told her something that she wanted to ask about. Her eyes were narrowed to a squint and her mouth was very hard as she told me challengingly about the fact that Ralph had picked up a book and started to read and the doctor told him pretty sharply that if he were just going to sit there and read, he could do that at home just as well. I agreed that that had happened and it must have seemed to her and Ralph, too, that the doctor was being pretty hard-boiled. She practically yelled at me that this was nonsense. She did not think it was a bit hard-boiled. If that was our method, then it was perfectly all right with her and she did not mind. I said when she let me get a word in that it was the doctor's way of working with Ralph, that he felt it was pretty important for him to go through some of the struggle that he did in that last hour before he could move on in treatment. At the same time I suggested it was not so easy to bear. This infuriated her. She moved over close, slapped her hand flat on my desk and said there were three things that she and I disagreed about. I sug-

gested she bring them out into the open and she started by telling me that she did not disapprove of the way we did things but I just did not understand her. The three things are as follows:

1. (She numbered them aloud as she spoke in sharp, clipped tones.) She is not the least bit concerned about what Ralph does with the doctor; it does not bother her at all.

2. She disagrees with me that Ralph is afraid with the doctor. She knows she must be right and the doctor wrong because after all, it is not only here that Ralph twitches that way; he twitches everywhere and if the doctor is right, then he must be scared all the time and that couldn't be possible. I said since the doctor was there, he was in a much better position to judge than I, but apparently she did not agree with this. She again said then in that case Ralph was always scared, glaring at me as she said so.

3. The third thing is that she does not mind a bit about coming down here for these talks with me. Not a bit. Of course, it is not as pleasant as going to the movies; it is sometimes unpleasant but certainly it is not painful. She wouldn't care if the doctor kept Ralph in there all day if it would help.

I picked up this last thing she said, told her that she knew far better than I how she felt about these things and I did not want to argue with her about it but I thought she and I had better talk seriously about how much coming here was helping. She agreed to this and asked me frankly if I thought she should go on bringing Ralph here. I told her that I could not decide that for her; the important thing was how she felt about it, not I. She argued this with me, pressing hard for me to tell her to continue and when I would not, she asked if I thought there was any hope. I told her that if we did not think so, we would not be going on. She shrieked out at me that I had never raised a child. What she thought does not matter at all, not when her child is involved; it must be all for him. I finally agreed that there is hope and she said that she would bring him if I thought he would get better.

She said that although she keeps looking for it, she is always relieved when they tell her there is nothing they can find organically wrong with Ralph. I thought maybe if she felt that strongly about it, she would just have to go ahead and try again and see if a doctor could find something.

Suddenly she told me that her husband discourages her, too, about bringing Ralph here. He tells her that it is not doing any good, but she always reminds him that after all we have not made any promises so far. Again there was an abrupt pause and she told me that she might as well tell me everything. She knows a social worker at a hospital. She talked with her and this woman said there was no sense in bringing Ralph here; she would never get anywhere doing that. She said that maybe it is silly

of her to listen to that sort of thing. I said that if she had so much doubt herself, she was bound to hear such things and pay more attention to them than otherwise.

Our time was almost up and I said perhaps we had better decide what she would like me to do about saving the time next week. Again she asked me if there was hope and again I told her we felt there was some, but I could not give her the assurance she wanted me to and she was the one that had to decide about returning. She was very much hurt and told a long story about how doctors are all the same; "Ail they are interested in is your money."

9/18 (*Psychiatrist*). Ralph smiled at me rather pleasantly when I stuck my head in the waiting room. When we got into the office I commented on his being late by saying, "Did you have a hard time getting here today?" He said, "No, I didn't have a hard time getting here; we had a hard time getting started." I said, "I guess you kind of wanted to come." He said, "Sometimes I want to come and sometimes I don't." He made some comment about a couple playing tennis in a nearby park. I asked him if he played and he said no. Two summers ago he had been planning to take lessons, but every time he got ready to take a lesson, his mother would say it was too hot or it was too cold or they had something else to do that day and he never did get to take a lesson. I said, "I'd think you'd get mad," and as though he hadn't heard this he said, "This summer I'm going to." I said laughing, "Get mad or learn to play tennis?" He looked at me with a grin and said, "Get mad, I guess." He was sitting on the chair wriggling around a good deal and looking across the room at the toys. When he would turn around to face me, his face would twitch a little, but when he was facing the other way I could see that it didn't twitch at all. He sat there quietly again looking at the toys but not at me, with an occasional furtive glance in my direction. As he was paying more and more attention to the toys and couldn't seem to do anything about it, I said, "It's hard to know what to do." He turned around to me and almost burst out, "Yes, I think of a thing I want to tell you and then I can't, and I think of something else that is like it and then I think of something else and by that time I've forgotten what I wanted to say." He turned around to the toy shelf and studied it for a minute. He said that he would like to tow the large airplane with the big tank and the two of us worked away on this for the rest of the hour.

At first he wouldn't wind the tank up very hard and it would only pull a little way. I said, "It's hard for you to think that anything you do will go well," and with great conviction he said, "Yes." By this time the tank was pulling the airplane across the floor and doing it very well and his

face was lighting up and I said, "That's as much of your trouble as your habit." He said, "No, not quite."

When the time was up, he was much more cheerful than I have ever seen him before.

9/29. Letter sent, since no word has been heard from mother since last appointment.

10/14. Mother telephoned. She had received my letter and appreciated my interest and wanted to tell me about Ralph. She had gone home that day after talking with me and had a discussion with her husband and they decided instead they would take him to another physician. They took him to see a doctor who examined Ralph. M was afraid he would tell her there was nothing that could be done, but he is a man of action. He had Ralph hospitalized and he is in the hospital at present, has been there for about a week and will probably stay on for another week or so. The doctor does not allow either F or M in the room where Ralph is, but they can look at him from the doorway and he looks wonderful, has practically none of the tics left at all. The doctor told Ralph that something would have to be done about those habits and Ralph said he would grow out of them. He told the boy that was nonsense. When little boys came to his hospital, they got cured of their habits right then and there and did not have to wait to grow up.

I told M she must be feeling good about having Ralph so much better and she told me she was delighted, only hoped it would last when he came out of the hospital. I hoped so, too, and said that we would really be interested in hearing from her again if she cared to let us know how things turned out. She said she was planning to; in fact, she thought she would like to bring Ralph in for a visit.

No further communication was received.

ADULT OUTCOME

Ralph completed college and professional school. He was in service three years as an officer with good performance ratings. He was honorably discharged at the conclusion of his term of service.

Harry

REASON FOR REFERRAL

Stealing; also slowness in learning to do things, disobedience, lying, irritability, absent-mindedness, and failure to adjust with other children.

REFERRED BY

Mother, at the suggestion of the juvenile court.

PERSONAL DATA

Age eight years, four months. Third grade. Living with mother and stepfather; father (divorced) living in another city; sister one year older living with maternal grandmother. Low average economic situation. SSI: none, IQ 104.

9/27: Social history. Mother is a rather tall, slender young woman. She talked in a pleasant, well-modulated voice and appeared quite intelligent. Her manner was gracious and at no time during the interview did she appear particularly strained or ill at ease.

Harry lives with his mother and stepfather. His stepfather's mother and brother are also in the household. He has one sibling, a sister thirteen months older than he, who now lives with his maternal grandmother. Harry lived with his parents until about the age of two years when his parents separated and later were divorced. He lived with his mother at maternal grandmother's until he was five, when his mother came to this city where she later remarried. Harry continued to live at the grandmother's until recently when his mother brought him to live with her. At that time his sister, who had been with mother, went to live with maternal grandmother. He likes school and finds it fairly easy, according to mother.

M gave little information about the father other than that he failed to take advantage of his opportunity to keep in touch with the children

after the divorce. He seldom came unless M telephoned and asked him to and she finally stopped doing this.

M came to this city to work three years ago, and eight months later she remarried. She has continued to work most of the time since her second marriage and so has not felt able to keep both children with her.

Harry stole money from maternal grandmother so that grandmother asked M to take him to live with her. Since being here he has stolen from step-grandmother several times. M said her mother-in-law used to leave her pocketbook lying around but she does not do so any more and so the stealing has ceased. Harry will never admit the thefts even when he is caught "red-handed." M said they just cannot make him confess. For this reason they took him to the juvenile court for a lie-detector test. However, the court said he was too young and suggested that M refer him here.

Harry seems afraid of other children. His sister dominates and bosses him and other children pick on him and even beat him up but he never will fight back; neither does he cry or tell on them. He just "stands and takes it." Stepfather has tried to teach him to defend himself and he will box and fight back with him, but they just cannot make him stand up for himself with other children. M has even spanked him, but it does no good. He sometimes gives money he has stolen to his playmates; he seldom spends any of it, and M wonders if he does it to "make himself big with them."

Harry has been given to daydreaming for many years. He was nicknamed "Unconscious." He would often appear not to know where he was or what he was doing. He still lacks complete muscular coordination.

Harry is very "quick to get the point" and often surprises them with his questions so mother feels that he is reasonably bright. He is fairly healthy except for colds. He had bronchial pneumonia when he was quite young and almost died, and since then he catches cold very easily.

M appeared more worried than she wanted to admit and worker had the impression that this was not about Harry's stealing as such, but rather what she feared might be the reason for it. She gave information freely and talked without any hesitation, and told her story rather well without digression or confusion of detail. She talked of her divorce and remarriage simply, with no details as to "why." She appeared fairly happy in her present marriage and to have no regrets about it except as it might be affecting her children.

As M discussed the relationship between Harry and his stepfather, worker had the impression that she was torn by her loyalties to the two of them, and that she was trying to see both sides. She also seemed to be worried about the restrictions which must be placed on Harry out of consideration for her present mother-in-law. Her brother-in-law also lives in the household and M's problem seems to be to protect Harry from these

three adults who "do not understand children" and on the other hand keep him from being too disturbing an element in the household.

As she talked, M appeared to be trying to ease her own guilt over her apparent failure as a mother by trying to find some explanation for Harry's behavior that she would be able to accept. She seemed willing to admit her own responsibility, but in ways that would not reflect blame on her, as if to say "I am to blame but I could not help it."

9/27: Psychological examination. Harry is an attractive little red-haired boy who cooperated well and showed a slight restlessness only toward the end of the test. Many of his responses were hesitant in that he seemed to be in doubt whether or not he could answer the question correctly. He reacted slowly in some of the instances and seemed to be a bit awkward in using his hands for drawing or writing. He had an IQ of 104. This is a boy of average intelligence who is properly placed in school for his mental age.

9/27: Psychiatric examination. This small boy was talkative and affable while discussing superficial matters. He was tearful and disturbed when speaking about his recent stealing and about the length of time his mother has to be away from him while she is working. As he came into the interviewing room he was spontaneous and immediately started a long conversation. "We have them window shades in school too. We have turns taking jobs. I like that school. Spelling and arithmetic is best. I get a nickel from home every week if I get a hundred. I get paid fifty cents a week from my father and mother for washing the dishes, emptying the garbage and wastepaper baskets. I go to the movies with some and put the rest away to go home (where his grandmother and sister live). I am just here for a vacation. I saved a whole dollar. I live with my grandmother. I have a sister and we take turns every year to stay with my mother. I like best to be with both my grandmother and mother." He was asked to make a choice as to whom he preferred staying with and he said, "I would rather be with my mother. It's quite nicer where grandmother lives. There are nice kids there. Here they play mean tricks like throwing snowballs in the windows. I don't even know how to make snowballs. When I was coming home last Saturday they threw them at me." He was asked about his sister and he replied, "She is all right sometimes. Sometimes she is mean. I get along all right with her. She likes to play house but I don't like it. It makes me feel silly. She bosses me around too much. She makes me play her games." He then told that he was here alone, that his mother had to go back to work, and that she had given him a dollar for taxi fare to return home. He was quite excited about the prospect of riding in a taxicab. During the remainder of the interview he played with his dollar

bill, a handkerchief, and a safety pin which was to keep the dollar bill secure. When asked about his friends he said, "I have twenty-one girl friends. I am giving one a Christmas present. I didn't buy it yet because I might change my mind. She might move. She's nice. She gave me a map." He prefers playing with girls and has one boy friend. "My father thinks my uncle should get married. Then I wouldn't get paid any more. He's nice. He makes me toys, sail boats, and cars. When I am naughty he whips me. I don't come home on time. I go to one of my girl friends' house. I like the girls better because they like me better. My father and mother go to bed right after supper for an hour or so. He whips me for making noise because they are asleep. I don't like my real father because he doesn't pay for keeping us. He never goes to work. He makes excuses. About two months ago my grandmother missed money and thought I took it. She found it under the telephone table. I said I took it because I was afraid my father would whip me. I put the five dollars in the school bank. They had a card up there to tell how much each boy put in. I wanted mine to be big. Mamma only gave me fifty cents and I wanted to have more. The others did."

Impression: We are dealing with a somewhat passive boy whose family and home life have been disorganized. He expresses severe feelings of loneliness because of the mother's being away from home and also inadequacy in regard to his companions. There is evidently much conflict with regard to the stepfather and his grandmother. His talkativeness during the interview may be interpreted as a means of covering his anxiety over the acute problem. Work with both the mother and the boy seems indicated in this case. If this is not feasible mother might be advised regarding the boy's needs during a few interviews.

The case was referred to the psychiatric social worker for work with M. Because M had started working full time, worker saw her only twice. The next month an appointment had been made but she could not keep it.

10/6. While M was somewhat anxious in the first interview, she seemed very responsive and talked more and more freely as the interview progressed. She appeared to have some understanding of the implications of the disturbance and was quick to relate factors in the family relationships to Harry's behavior. She said, for instance, that stepfather was jealous of the children and wanted all of mother's attention when he came home at night. M indicated she knew that Harry felt neglected because of this, and for that reason she lingered over the evening dishes so she could spend more time with Harry.

M said that stepfather frequently speaks firmly to Harry and sends him out of the room at night in order that M and stepfather may be alone. She revealed some understanding of Harry's feelings regarding this and

stated that she remonstrated to stepfather about the way he spoke to the boy.

At one point in the interview M discussed her knowledge and interest in child psychology and stated she wished she had a job like worker's. She said that she would observe Harry more closely so she could tell worker about him on next visit.

M came to the conclusion at the end of the interview that the reason for Harry's stealing was that she had left him with grandmother while she took sister. She felt this must have hurt him and that he wasn't able to express his feelings verbally as sister did but had to show them in some other way. M said she could understand this, because sometimes when she is angry and doesn't say anything about it at the time, she later finds herself cross and irritable and doesn't know why.

Harry hasn't been lying or stealing since M brought him to clinic and he is playing more easily with other children.

10/13. In the second interview mother opened the conversation with the statement that she had nothing to report about Harry. He wasn't lying or stealing; he was playing well with other children and was being generally so good that M had nothing to say.

She went on to explain that she had had a long talk with stepfather about Harry, and as a result stepfather was trying to be more careful in how he spoke to the boy. He was acting much more tolerantly toward him and was showing him more attention.

M stated with pleasure that Harry was being more affectionate with stepfather and that recently he had surprised and pleased stepfather by spontaneously kissing him.

She related a recent incident when Harry started crying at the dinner table for no apparent reason. He wouldn't say why he was crying or answer stepfather's questions. M did not press the issue at the dinner table but took Harry to another room to console him. This and other things brought out in the interview seemed to indicate some movement in M's relationship with Harry. At one point she said spontaneously that she wished she could spend more time with the boy.

M seemed more comfortable in this second interview, and worker felt there was some progress in the relationship. M revealed her feelings with increasing spontaneity and gave the impression she was making a conscious effort and had been more active about the situation since the last interview.

11/1. In a telephone conversation two weeks later M told worker she didn't think it was necessary for her to come to the clinic again because Harry was being so good. There had been no lying. M suggested that if

"anything special" came up she would return to the clinic to see worker, but she didn't think further appointments were necessary otherwise.

11/8. The case was discussed in conference and it was decided that since M felt that Harry was better and saw no need for further service at that time, the *case would be closed*. It was the opinion of the staff that M was challenged to do better in contacts with the worker, and that apparently she was handling the situation well since Harry's symptoms had diminished considerably. It was felt that if the symptoms reappeared, M would probably get in touch with the clinic again.

The recommendation was made that if work with M were continued, there should be further attempts to foster Harry's relationships with step-father. Harry obviously needs a secure relationship with a man.

ADULT OUTCOME

Pt entered service at the age of twenty. After three years he was hospitalized and later transferred to the psychiatric ward. A summary of his hospitalization follows:

Present illness: Pt verbalizes paranoid ideation stating that "People are talking about me. It's all in the newspapers." He volunteers very little of clinical significance. Three months ago he obtained a five day leave and went home with a friend. While visiting, Pt became extremely nervous, apprehensive, anxious, was unable to sleep, and because of his disturbed state of mind started to return to his base. However, he stopped in a large city and remained there. During that interval, Pt mentioned that he thought the FBI was searching for him and that "people of the newspapers knew about my doings." Pt apparently obtained a job with a taxicab company but after becoming involved in an automobile accident he was discharged. He then resorted to a nomadic existence, working sporadically and traveling aimlessly about the country. Eventually, as he states, he became "so upset and nervous" that he turned himself in, stating "rather than be a deserter I preferred to be absent without leave."

Mental status: Pt's general appearance is that of a rather tall, slender, fairly well muscled adult male who was extremely flat and blank in expression. The interview situation produced a rather poor affective rapport and the Pt's facial expression reflected hesitation and anxiety as well as suspicion. He was normally oriented to time, place, person, and situation. The mood appeared to vacillate from mild depression to anxiety and overt hostility. Affect appeared inappropriate to thought content at times. Survey of thought revealed psychotic thinking manifested by a very poorly systematized paranoid persecutory delusional trend, in addition to ideas of reference, confusion of thinking about present and past events, loose asso-

ciations, auditory hallucinations, and marked psychosexual misidentification. Pt verbalized a bizarre delusion about a plot "to discredit the government." He further said, "They are after me," but he refused to elaborate further information. He complained, "The voices are not clear, I just don't understand; they just tell me suggestions. It is all subtle suggestions." Tests of retention, recall, and calculation were done with numerous errors. Proverb interpretation revealed marked impairment of abstract thinking ability. Judgment appeared very defective. No insight was apparent.

Past history: Pt recalled vividly terrifying and recurrent dreams in his early life, as well as being enuretic until approximately age nine. The family constellation consists of the mother, stepfather, one sister, and Pt. At a relatively early age, Pt's parents were divorced following which Pt lived with grandparents where he established a very affectionate relationship. Pt's mother has subsequently remarried on two occasions. Pt has an affectionate regard for his mother. He refused to divulge family background information other than that already presented. School years were very difficult for Pt. He had difficulty establishing friendships with his associates. His scholastic record was mediocre.

Following completion of his primary education Pt entered a technical high school for boys. He was advised to discontinue his attendance there in his junior year because of extreme indifference to his work. Psychosexual evaluation indicates normal development although Pt was extremely reticent and reserved relative to inquiry in this realm. His work history reveals that he was a "floater" and he indicated that he could never hold a job for any reasonable length of time. He has held a multitude of minor, poor-paying jobs.

Apparently his military adjustment was adequate during basic training. He re-enlisted in the regular army for six additional years, doing so before his original tour of duty was completed. Pt volunteered the information that before entering service he was arrested once for larceny and once for malicious mischief. For these offences he was fined and put on probation. He suggested indirectly that he had had other difficulties with civilian authorities.

Psychological testing shows many of the classic characteristics of a schizophrenic process of the paranoid type, characterized by an extreme thinking disorder, loss of ego strength, a disorganization of personality structure, and marked affective disturbance.

Pt, on ward observation, appeared withdrawn, introverted, socialized poorly, and showed very poor affective rapport with surroundings and personnel. He complained that any extraneous noises, the closing of doors, voices of other patients, were all indications of being observed and persecuted. The patient showed inappropriate laughter, bizarre gestures and gesticulations, with episodic blank facial expression and a marked stare.

He was given somatic clearance following which electro-convulsive therapy was begun and continued for one month, at which time he had completed eighteen treatments. He accepted treatment with moderate reluctance and suspicion. There was little change noted in his clinical status until after the ninth treatment, at which time he seemed to be in better contact, was more alert and spontaneous, seemed much less seclusive and suspicious. Pt's affect became more appropriate and he showed more acceptable interpersonal relationships with other patients and with hospital personnel. His thinking disturbance was less apparent. Following a period of observation where he maintained his gain, he was transferred to an open ward where there was little evidence of his disordered content previously described. The clinical evaluation of his judgment was difficult because little was known about Pt's pre-sickness planning and performance. It is suggested that a guarded prognosis be given for post-hospital adjustment. The psychotic process appears to have become stabilized and fairly well compensated. Pt's open ward behavior was adequate although he continued to be somewhat suspicious, aloof, and reserved. He took little interest in group therapy and formed little, or no, close association with other patients on the ward. He made no complaints other than an eagerness to return to his home. He made no realistic post-hospital plans. He is considered to have attained maximum benefit of hospitalization and is able to be discharged to his own care.

Review of Pt's records reveals that he was disciplined and fined for his period of absence without leave. The sentence was approved on the day before his admission to the hospital. He has always had excellent conduct and efficiency reports. It is doubtful that he possessed sufficient capacity to distinguish right from wrong and to adhere to the right at the time he was absent without leave. It is also doubtful that he possessed sufficient mental capacity to understand the nature of the disciplinary proceedings against him or that he could conduct or cooperate intelligently in his own defense at the time of the proceedings. It is felt that the disciplinary sentence should be set aside.

Diagnosis: Schizophrenic reaction, paranoid type, chronic, severe; manifested by confusion, illogical thinking, poorly systematized paranoid persecutory trends, feelings of unreality, somatic concern, impairment of learning and memory, paranoid projection of hostility on to others. Precipitating stress: minimal. Predisposition: severe. Schizoid pre-psychotic adjustment, emotionally traumatic childhood with parental rejection and emotional privation.

Was considered unfit for further service and was discharged for psychiatric reasons.

Louis

REASON FOR REFERRAL

"Nervous, fidgety" child. Has stolen, and lied about it. His home has been broken since mother went to live with another man three years ago.

REFERRED BY

School principal and welfare agency.

PERSONAL DATA

Age eight years, three months. Third grade. Living in boarding home. Father and mother separated. Economic level is low. One older sister and three older brothers living apart from patient. SSI: fifteen. IQ 101.

1/25: Social history. Sources of information: 1. Welfare agency. They have been in contact with the family for about four years. 2. Louis' boarding mother, with whom he has lived for a year. The boarding mother is interested in helping Pt and cooperated with the agency in following suggestions intelligently, yet her lack of affection for him may be a causative factor in his problems. 3. Principal of his school, who has known him for a year. She recommended study. 4. The father, who at one time denied responsibility for Louis.

The welfare agency first knew the case seven years ago. F appealed for help in managing his finances and home, which the mother was neglecting. Housekeepers were placed in the home on several occasions. Eventually the home broke up. The agency has placed and supervised the children in boarding homes and has also supported Louis because M has been unable to do so.

F plans to remarry eventually and take the twelve and the ten-and-a-half year old brothers to live with him. He has recently decided that if the

sister improves she too will be included. He has not considered Pt in these plans because when M left F she took Pt and agreed to be responsible for him. Another reason F has for ignoring Louis is that he can't afford to pay for Pt's support, and financial support and parental interest seem to be synonymous for him. It is hoped that F's attitude can be changed and that Pt can take his place in the reunited family. The agency is questioning whether or not it would be wise to put Louis with his brothers or if F's differentiating between them would offset the benefits of uniting them. From all reports M is unstable and will not be encouraged to keep in contact with the children.

As a result of an interview with the agency worker, F has for the last month been including Pt occasionally when he takes the other children out to his home for a day.

The family moved to this community eleven years ago because of F's work. In their investigation, the agency learned that the neighbors considered the father ambitious, hard-working, a good provider, and fond of his children, but that the mother was shiftless and neglected the family to gossip and run with a wild crowd any time of day or night. M was seldom home to supervise the children and then she usually made unreasonable demands and punished the children severely when they did not obey. F reported that he and M had fought for years about the management of the children and financial affairs. Investigation in response to a letter that F wrote to the agency seven years ago showed that the children were growing up without manners or training in obedience. They were slovenly and showed poor care.

Almost four years ago M took Louis and went to live with another man. Nothing is known of where they lived or under what conditions until three years ago when F brought Pt to the agency because he felt Pt was not receiving proper care. Although M had been notified he was to be moved, Pt was dirty and his clothes were ragged. At that time Pt was placed in an orphanage where he stayed until the next year, when he was returned to M who was living with the maternal uncle. Over a year later Pt was placed in the present boarding home at the request of the mother, who was planning to work and would not be able to care for Pt. The boarding home father recently lost his job and has lost nearly all of his savings. This has made the boarding mother nervous and irritable so that small things disturb her. Her two children are grown up but are still living at home. The son graduated from college and the daughter is in college.

Pt has many faults to overcome. The boarding mother is ingenious in her punishments and makes them appear as a direct result of his misbehavior, such as depriving him of his dessert when late to meals, or not allowing him to sit in his favorite place in the car when he has been disagreeable, or requiring him to leave the room. There are two difficulties.

First, the boarding mother admittedly does not love Pt. A very attractive, pleasant, and affectionate little girl had been boarded in the home before Pt went there. The boarding mother finds Pt unattractive and is constantly contrasting the two children to Pt's detriment. Second, boarding mother is so anxious to improve Pt that she tries to make him over at once, and she tries about every remedy she ever heard for each fault. Pt had a period of diurnal enuresis. Boarding mother deprived him of his desserts, scolded him, denied him water afternoons, asked the school to discontinue his milk, put diapers on him one day, and finally threatened him that if he offended again he would not get any supper that night. She also slaps Pt and pulls his hair when he annoys her. This strictness is tempered by the daughter's affection for Pt and her reproof often carries more weight than all the boarding mother can do. The boarding father and son have little to do with the care of Pt but they are fond of him. Pt seems to admire son.

Louis has been left in this home because the standards of the home are good, the boarding mother is intelligent and cooperative; it is felt that in time she will probably be less exacting.

Pt is a thin boy, small for his age. He has a rather pleasing smile though he is not attractive looking. F said that they had not wanted a baby when Pt was born. M had been unfaithful and they were constantly fighting when she was home. As far as F remembered M was quite well during her pregnancy. Pt was a full-term baby. He was weaned at one year, walked alone at fourteen months, and talked in sentences at eighteen months according to the mother's report.

When Pt was referred to the agency he was underweight. Although his nutrition was good he had a pigeon chest and his reflexes were sluggish. A subsequent examination six months later showed the same conditions.

There is no record of Pt's having had nocturnal enuresis, although he goes to the toilet several times each night. When he was first placed in the boarding home he was afraid to go to the bathroom, would slam around and turn on all the lights. He has been taught to go quietly. At parent-teacher meeting the teachers complained of Pt's frequent visits to the toilet. He was scolded for this at home. Diurnal enuresis developed but lasted only a few weeks.

Pt has a good appetite, is served nourishing meals regularly, and has ten hours of sleep at night. He is very "nervous." For a time he had a bad habit of licking his lips so that they were badly chapped. Pt does not seem to be able to sit still. Even when he is reading he is playing with something, twitching his shoulders or wiggling. This occurs both at school and in the boarding home.

A year and a half ago Louis was transferred from his old school to the present one. Pt does not like school and each morning looks out to see

if it isn't "too cold to go to school." The teachers feel that Pt's inattentiveness signifies lack of interest. Little is known about Pt's associates.

The principal reports Pt to be "light-fingered," taking small articles around school. His last offense was when he took a teacher's pencil. About the same time Pt played truant on two different days. The principal suspected him and called the boarding mother at once so that when he got home he was punished. This has not occurred since. Pt is doing average work, is more restless than mischievous. The principal says that school is emphasizing his good points rather than punishing him for his faults. She finds boarding mother very intelligent and cooperative to work with.

Louis enjoys playing out-of-doors more than anything else. Every afternoon he is out either playing alone or with a boy who lives next door. He is enthusiastic about everything he does. For instance, he got a truck for a present and he ran up and down the block doubled up pushing this truck for an hour without resting. He sometimes plays so hard that he is too exhausted to eat his supper when he comes in. In spite of this he is allowed to go out because he is equally active indoors. Boarding mother says Pt goes to and from school with some boys, but she does not know anything about them, for Pt is not allowed to have friends in or go to anyone else's home for fear that he will steal something. Boarding parents have never been able to interest Pt in reading until this last Christmas when they gave him a set of books about children's adventures. He has already read seven of these and enjoys them a good deal. Pt likes comic strips and similar books. He spends his evenings looking at these, coloring pictures, reading, or playing games with the son or the daughter.

Pt is a quiet, shy little boy who seems anxious to make friends. Social workers have found him to have a droll, appealing way of peeking around corners and smiling. When Pt is talked with, his attention fluctuates. He seems to want affection from the boarding mother. She says he stays close to the daughter whenever she is home because she is kind to him. She is the only one of the boarding family for whom Pt has shown affection. The boarding mother says Pt is cheerful most of the time; he giggles, whistles, and sings around the house until "it gets on my nerves and I shut him up." He is agreeable and does not hold a grudge when he is punished. He obeys a command but seems to forget an admonition.

The boarding mother reports that Pt has a disagreeable way of contradicting what is said to him whether he is right or wrong and then refusing to admit his mistake. His table manners are "abominable" and in spite of everything boarding parents can say he takes the largest helping whenever he can.

Louis has taken several small things that didn't belong to him. He also withheld his Sunday school donations for a time. For these offenses he has

been scolded, made to return the stolen articles, punished in various ways, and finally his activities were restricted so that he would have no opportunity to take anything. He always denies that he has taken anything until the evidence convicts him.

1/25: Psychiatric interview. Louis is a friendly youngster who makes himself at home quickly. He seems willing to discuss whatever subjects are broached and occasionally interrupts with questions about the airplanes and other objects in the room.

He does not appear to be happy in his present boarding home. The boarding mother is too crabby. He failed to show any real enthusiasm for the daughter but seems to be fonder of her than of the boarding mother. He said the son teases him. He would gladly leave this boarding home if he could go back to his mother. If this could not be accomplished he would not care to change. F recently told him that if anybody was not kind to him he could always come and stay with him.

Louis seems quite fond of his father and told of recently having received a scooter from him, though he added that his boarding mother told F to get this. He said in response to the questions that F has always been fond of him, though it is known that this is not the case. He tells now of F putting one arm around him when he comes to see him. Louis remembers the quarrels between his father and mother. He used to hide behind the door and M used to say, "See how scared Louis is." He does not remember F striking M. In response to questioning he said he felt that F was responsible for most of these quarrels. He told about his stepfather, who used to work under cars and died as a result of this work. F and stepfather were quite hostile to each other and on one occasion F pulled out a gun to shoot him. Louis hopes that his own father and mother will live together again and take the children with them. He says he thinks this is going to happen soon. M was here recently to visit him. She told him she was going away again to work and he does not know where she is now. He professes a fondness for the oldest brother who is in jail now. Louis says he does not see his sister very often.

He has anxiety dreams. "I dreamed once that the house was falling down. Then I looked and I saw a man with an axe. When I asked the man what he was going to do he said he was going to kill me." While looking through the window of the examining room today he said, "If this building would fall down I would jump on that roof—no, I would jump on that tree and slide down."

He says he dislikes school because he cannot sing and the singing teacher is crabby. The other subjects do not bother him very much though none of them are easy, especially arithmetic. Someday he hopes to be a

cop or a fireman. He changed his mind about being a fireman because they can burn their hands.

Louis left the impression of not being too disturbed by the unhappy conditions in his family. He expressed a wish to be back with them but at least on the surface he did not appear to be suffering too intensely from having been separated from them.

1/26: Psychological examination. Pt is a rather uninteresting looking little boy. Comprehension is somewhat slow, but when given time, he generally arrives at sound conclusions. He gave the impression of being a steady worker. There was no indication of impulsive reactions. He was promoted to the third grade at the end of the fall semester. This grade placement agrees with his Binet and chronological ages. He rated as "full average" (IQ 101) on the Stanford-Binet Scale, and "somewhat superior" (IQ 111) on the Performance Scale.

1/29: Conference. The psychiatric study did not reveal outstanding conflicts. While Louis does not seem to suffer acutely from his situation, there was some evidence of anxiety and a wish that his parents might be reunited. He does not seem to feel rejected by his parents nor in the boarding home. From the history it would appear that this boy has never been warmly accepted by an adult. If this is the case, it helps to explain his unsocialized behavior. It must also contribute to his restlessness and "nervousness." In the boarding home of adults he is probably held to too high a standard of behavior. It appears that rather too much emphasis has been laid on conformity in inconsequential matters.

Treatment plan: This boy should be in a home where he will find affection and where standards of behavior are not rigid. It seems possible that those in the present boarding home can develop more understanding of the boy and thus better meet his needs. The social worker will have a frank discussion with them to this end.

2/9. The boarding mother seen at home. F had been over to see Louis the week before. The boarding mother was greatly disturbed when he calmly said in Louis' presence, "Does our boy smoke any more?" When she was terribly surprised he assured her that Louis had smoked.

The boarding mother said Louis was improving of late. He had taken some toys from a boy's house where he had been playing and when the boarding mother told him that the boy would feel bad to have his toys gone and that he should take them right back he did so at once without any protest. When a little neighbor boy had left a pistol in the basement where he had been playing Louis agreed with the boarding mother that

he should take it right back to him. The boarding mother felt this showed Louis really had more of a feeling that he should not take what did not belong to him.

When the worker suggested that perhaps the standards of the boarding home were too high for Louis and that his nervousness might be a result of this strain, the boarding mother said that she had noticed that Louis tried to copy them. As an instance of this the day before she had left some of her soup in the dish when she and Louis had been lunching together and she had noticed that he did the same thing, although as a rule he usually ate up everything that was given to him. She realized that there had been a lot of adjustments for Louis to make. He had practically no training of any kind before he had come to them. She did feel that Louis understood them better than he had. They "kidded" each other and Louis a great deal. At first he had seemed hurt at what they said but now he seemed to realize that it was in fun and to enjoy it as much as anyone. For example, he had come in late to supper a few days before and had been deprived of his dessert. Now about every day the boarding mother would tell Louis what they were going to have for dessert and say, "I suppose you'll be late for supper tonight." This happened while the worker was there and Louis seemed to enjoy the joke as well as the boarding mother.

Each member of the boarding family had promised Louis a penny for each "A" he got on his report card in hopes of interesting him in his school work. Much to their surprise there was an "A" on his last report card and he had a lot of fun collecting from all of them. They now had a joke about Louis' being so good in school that he would soon bankrupt them. The boarding mother was very satisfied with his school work. They all tried to help him at home and gave him different lessons to do from time to time. The boarding mother thought that probably helped him but that he would get fairly good marks without it. Louis had had no more "accidents" at school. The teachers all allowed him to go to the bathroom whenever he wished and they were giving him different responsibilities to help him develop some self-confidence. The day before he had proudly come home to tell the boarding mother that he had been left in charge of the room when his teacher was called out. He had run errands to the store and always brought back all the change.

Louis played down in the basement or outside during the day. He was free to have friends down to play with him as the boarding father fixed a place for them to play. The boarding mother did not allow him to have friends upstairs, however. Since the last visit she had been noticing who Louis played with. From time to time he spoke of different children at school but after school he either played with a little boy who lived next door or another boy that lived a block away. There was a little girl in

the same block who was always calling for Louis and wanted to play with him. When the boarding parents teased Louis about this he said that she was not his girl but that he had another girl at school. Louis came in before the visitor left. He looked very happy and his color was better than the worker had ever seen it before. He seemed full of pep and was anxious to get outdoors and play.

The boarding mother agreed to try using rewards for Louis' good deeds instead of punishing for his faults. She was very doubtful about whether or not it would do any good to show affection for Louis. She said she had at times taken him on her lap or kissed him but he always held back and seemed very embarrassed by this. She was anxious to help him in any way she could.

4/5. Case discussed. Worker has had interviews with F and the boarding mother and finds an improvement in their attitudes toward Pt. The boarding mother feels that praise for acceptable behavior will be more effective with Pt than punishment. She is preparing favorite desserts for him when he is good. A marked improvement in Pt has come about rather gradually. He is more even tempered and enters into the spirit of the "teasing" in the boarding home. On further acquaintance with the boarding home the worker feels that the teasing and seeming brusqueness toward Pt is an expression of good humor and affection. Pt's acceptance of this good-humoredly is in contrast to the usual sullenness expressed by his siblings. Pt seems to be developing a sense of property rights and has willingly returned toys which he has taken from other children. Worker finds that Pt looks healthier and seems happier in the boarding home than formerly. His recent report card showed lower marks but no failures. A note from the teacher says that Pt does not pay attention in class.

Financial stress of the boarding house is increasing. This makes the boarding mother more irritable but she seems to be trying to control herself. She says that Pt has repulsed her demonstrations of affection.

M is in town again, presumably living with her brother. She has failed to meet payments which she agreed to toward the cost of Pt's care. She visits the other children more often and gives them more presents than she does Pt. F has indicated that he feels sorry for Pt and has agreed to visit him more often than he did in the past. F plans to marry before the end of the year and to take two of the brothers and the sister into his home with him. He has indicated that he may also take Louis as he may be more adaptable to a new situation because he is younger than the others. The oldest brother will be paroled in two months.

Discussion and plan: It appears that Pt is going to adjust well in the present boarding home and that there is no reason to consider a change at this time. Worker will continue her work with the boarding home and

F. There appears to be no need for the clinic to give further consideration to this case. Responsibility for it rests with the agency who will call upon the clinic whenever it seems that it can be of help.

1/12 (One year after case opening). The following information was obtained from the agency which continues to carry responsibility for Pt's sister and brothers. Last summer the agency learned that F had been married for over a year. They had hoped that by pooling their financial resources they would be able to move on a larger piece of property and take at least some of the children with them. The new wife lost her job and there has been the further complication of her poor health and F's cut in wages. It appears that they are able to barely meet their own expenses. F has become quite discouraged and apparently has given up his plan of taking any of the children with him except the oldest boy who is there from time to time. F's interest in the children continues but he becomes discouraged over the behavior which they exhibit.

Last year M married a farmer. She and her husband called at the agency and asked to be allowed to have Louis. The stepfather gave the impression of being an affable man. He said it would be up to M whether he would adopt Louis. She said that she preferred to have him retain F's name to keep his identity as one of the siblings. The boarding mother was reluctant to see Pt go as he had improved a great deal there. Pt seemed rather reluctant to go with M. At one time he feigned illness after having been told that he could go to M as soon as he was well. F continued the interest which he renewed in Louis after the study was begun. He felt that in going with M Louis would be "ruined." On the other hand, it pleased him to feel M was going to have to take responsibility for at least one of the children.

ADULT OUTCOME

Entered service at age seventeen. He had served for fifteen years when he was referred for psychiatric evaluation. Prior to his referral he had risen in rank and had received good ratings including a commendation.

At age thirty-two he went to the dispensary with "moods of dejection, gross tremors and general depressive symptoms." The medical report is as follows:

On initial examination here Pt was noted to be in no acute distress and in apparently good physical health. He was cooperative. During interview he manifested no evidence of psychotic thought disorder. Stream of thought was logical and coherent. He stated that he had become increasingly "nervous and depressed" during the previous few years and related that during stressful situations, such as personnel inspection, he would

feel faint, begin to shake all over, and feel his heart racing. He had difficulty remembering items and had been irritable and unable to manage his men. He stated that the service was responsible for his nervousness, yet was unable to give clear reasons for feeling this way. At the time of interview his appearance was one of moderate, chronic depression. He slumped in his chair with his eyes downcast and his face drawn and furrowed. Mood was moderately depressed. He was very tense and anxious as evidenced by continuous wringing of his hands throughout the interview. His general attitude was one of dejection, apathy, and self-deprecation, although he did state that he felt if he could get out of the service and start all over again, he could work things out. He was completely oriented, manifested no disturbance of memory, and appeared to be of average intelligence.

His parents separated when he was three years old and he was placed in an orphanage. He was then boarded out to a private home until his mother's remarriage when he was nine years old. He appeared extremely ambivalent about his mother, whom he described as an overly affectionate person, who frequently embarrassed him. He stated that she would "lie, cheat, and wheedle" in order to get her own way and reported also that she had once made a suicidal attempt. Pt does not remember his real father and his memories of his stepfather are unpleasant ones of an extremely strict and rather abusive man who would beat the children for small misdeeds. Pt has four older siblings, three brothers and one sister. Two of his brothers have been in reform schools and his sister has been married three times. As a child he suffered from nightmares, fears, crying spells, and temper tantrums. Some fears and occasional nightmares persist to the present time. Throughout elementary school he was a lonely, isolated child with few friends although his grades and conduct were satisfactory. He left school at fourteen in the eighth grade for vague reasons and then "just stayed around home" until he was seventeen at which time he enlisted in the service. He described his service adjustment as having been satisfactory until the past two years when he began to have periods of "nervousness and depression." One year ago he found himself unable to get along with an officer, at which time he became so tense and irritable that he was incapable of performing his duties. He requested help and was referred to the Neuro-psychiatric Service for consultation and was admitted there with a diagnosis of neurotic depressive reaction. During that hospitalization he was noted to be a remarkably compulsive person who had been able to function at a satisfactory level as long as he was working on a primarily independent basis. When placed under close supervision, his compulsive mechanism failed, and he developed a moderately severe depressive reaction. He was discharged to full duty two months after being admitted to the Neuro-psychiatric Service. However,

following a change of command he again became depressed and anxious and was again admitted to the sick list.

During hospitalization here, Pt evidenced a moderate, symptomatic improvement. His depression and tension diminished, although he remained minimally tense, depressed, and reserved. Because of his rigid personality structure, he had difficulty relating with staff and other patients. While he attended all group therapy meetings, he contributed little and generally avoided any discussion of his own problems. He manifested no symptoms of psychosis.

At the present time Pt remains a rigid, compulsive, reserved individual with little capacity for forming or enjoying interpersonal relationships. Because of the protective shell with which he surrounds himself, he has been able to achieve little insight into his problems. While in the sheltering environment of the hospital he has made some symptomatic improvement and his symptoms of depression and anxiety have diminished. He has evidenced no motivation for return to duty and his deep-seated personality conflicts would seriously handicap him in the performance of his work.

It was recommended that he be honorably discharged from the service for medical reasons. His final diagnosis was neurotic depressive reaction, manifested by depressed mood, psychomotor retardation, generalized tension and anxiety, apathy, and ideas of self-deprecation.

Jeffrey

REASON FOR REFERRAL

Refuses to attend school.

REFERRED BY

Principal.

PERSONAL DATA

Age eight years. Third grade. Living with parents of low financial status; father unemployed at present. One pre-school sister. SSI: none. IQ 103.

8/17: Letter from principal

Beginning this week he has shown great reluctance to attend school. He explains himself to his mother by saying that he fears he will not find her home when he comes home after school. On Monday he was forced to attend by his mother but at 12:00 o'clock he came home crying. On Tuesday he pleaded for permission to stay home, promising he would attend school on Wednesday without any trouble. M kept him home on Tuesday. On Wednesday morning he attended school with great reluctance, but he refused to attend in the afternoon. M brought him and took him back again.

Jeffrey's school record is rather good. He had not been troublesome or deficient in any way. Physically, the only trouble seems to be impaired eyesight, which, according to the mother, the doctor said needs no correction. He was present in school during the first three school days of last week. During the holidays, he visited his grandparents.

This morning he refused to get up again. The principal interviewed him and tried to ascertain the cause and made all sorts of promises but to no effect.

The teacher says she has noticed nothing unusual about him at all.

8/22: *Social history.* The mother, accompanied by Jeffrey, called at the clinic. She is a woman of medium height and neat dress. She had a most worried expression on her face. Jeffrey is a pale, blond boy of slightly over average size with a scared, hang-dog look. The woman in the reception room reported that when she first spoke to him he burst into tears. M was in the interviewing room at the time. He was coaxed into a frightened silence. He had to be reassured that there was no exit on the other side of the interviewing room before he let M enter the room.

M reported that he had cried bitterly when told that she was coming to the clinic. He made all kinds of promises yesterday that he would return to school today but this morning he found himself unable to go. Since he dreads doctors and dentists, he showed fear that the doctor at the clinic was going to open up his head to see what was wrong with him. M said essentially what principal had written to the clinic, claiming that in all other respects Jeffrey showed no difficulty. She recalled that at the time she was about to be confined with sister at the hospital, Jeffrey showed considerable fear of M's having to leave home. Since his return from grandparents, he has been unable to play well. He has left his companions frequently, coming up to the house on the pretext of going to the toilet, calling out each time to M to ask where she was. He had clung to her constantly and although he showed the usual and occasionally annoying behavior of most children previously, had been unusually good during his week at home.

He is deeply attached to his younger sister and the mother states he has never indicated any jealousy or hostility toward her. This week he argued that he ought to be allowed to stay home from school if she could. This sudden exhibition of fear has greatly upset the parents because they "had high hopes for Jeffrey." F, although at first disinclined to do so, has begun to talk about using force. M is not sure that this should be done. She feels that unless persuasion prevails she will have to yield to her husband. At this point M burst into tears, saying that this was an unnecessary addition to the rest of the troubles.

There is congestion in the four-room apartment. M has an unmarried sister-in-law and roomers. Jeffrey occupies a folding bed in the parents' room while sister sleeps in a crib in the same room. Jeffrey has always slept in a room with someone. Previously, Jeffrey slept in his aunt's room. M recalls that he would have frequent nightmares, would often run into the aunt's bed. M stated that Jeffrey has shown no sex curiosity. The child thinks that children are cut out of the mother's stomach. The worker wonders about the exposure of this child to sex relations between the parents in view of the lack of privacy.

Jeffrey was brought into the interviewing room. He answered all questions intelligently. He said he was afraid M would not be home when he

came from school. He admitted leaving his play to see if she were there. He got funny pains in his stomach when he thought about M's not being home and he had to urinate a great deal when he was afraid. He told of being afraid once of shadows on the bedroom wall. This was after he saw a horror picture. He told of seeing knives coming at him and stabbing him. He thought the worker was a sort of truant officer who would drag him to school. He was reassured that the worker wanted to help him get over his fear. He liked his teacher. The worker suggested that he try to return to school on Monday morning. He promised to do so. He told of M looking bad because there was no money. M denied that the boy has overheard any discussion about financial difficulties in the home. Worker suggested to M that she wait to see what the new week would bring. If the fear persisted and the boy refused to go to school, the worker noted that intensive study might be undertaken. M appeared quite upset over the situation. She said that F was sick about the whole thing.

8/25. M telephoned to say that Jeffrey had refused to go to school. He has now begun to repeat that he is all through with school, that he would not go any more. She asked about getting the truant officer from the school to come in to force the boy to go. The worker did not advise threats, but said that she could try the truant officer. The truant officer was unable to prevail on the boy. It was clear that this boy's fears had a deeper basis than she suspected and the clinic would, if she were willing, initiate study.

8/28. W visited school and was informed by the principal that Jeffrey had not yet returned to school. M had requested that the school frighten Jeffrey into attending by the use of the truant officer, but he had persuaded her against this plan.

8/29. M, accompanied by Jeffrey, called at the clinic in response to the worker's letter. Jeffrey has been going through the same fear pattern and has refused to return. M is at a loss to account for the boy's fear. A review of the boy's personal history and the family situation gives no clue to the present difficulty. The only additional fact gained was that for some time previous to the outbreak of the refusal to go to school, Jeffrey used to be afraid of going to the bathroom by himself at night. Jeffrey did tell W that he was afraid that someone might kill M. He suggested a knife or a gun as a weapon that might be utilized by a robber who might come in and kill her. M again asked about the use of a truant officer. The worker put her off but suggested to the boy that the school rules required attendance and that even the principal and the worker would not be able to hold the truant officer off very much longer. M added that the truant

officer might have to take him into court unless he voluntarily returns to school. Jeffrey is in dreadful fear and said he would return to school. W asked him if he would rather return with his mother. Jeffrey said he would. W suggested that she go with him on Monday morning and if it was agreeable to the school, that she remain in the classroom with him for the morning and try gradually to allow him to go to school by himself.

9/4. W telephoned school. The school clerk reported that Jeffrey had been brought to the school by M. She had remained in the classroom until noon. She brought Jeffrey back in the afternoon and stayed with him. The following morning she brought him to school and left for home. A short time thereafter Jeffrey said he wanted to talk with principal. The teacher allowed him to go out but sent a little boy to watch him. Jeffrey went to the office but was told that the principal was not in at the time and asked to wait. Jeffrey left the office and started out without his hat and coat in the rain for home. The little boy deputized to watch him called him back. Jeffrey returned to the classroom and told the teacher that the principal had said that he could go home. The teacher, not knowing the circumstances, allowed the boy to go home. Since this time, Jeffrey has not been in school.

9/11. M, accompanied by Jeffrey, called at the clinic in response to W's letter. Jeffrey is still out of school and M remains worried and puzzled about his behavior. She feels that the boy has gotten to the point where he is no longer afraid of anything and tells everyone that no one can make him go back to school. She has been trying to understand the boy's difficulty but without success. She recalls that during the past summer Jeffrey was, to a great extent, on his own. He went swimming by himself, played with other children, and was apparently quite adequate. At the present time he clings to his mother. She does recall that at the age of four Jeffrey suddenly developed a fear of being away from her. This fear lasted until the new baby came. He got over it shortly after the birth of his sister. M's feeling is that punishment and threats through the truant officer are going to be fruitless in this situation, for such things appear to make him extremely nervous and more difficult. She says that she now realizes why W did not recommend such an approach. She gave the following personal history of Jeffrey. The parents have been married ten years. M became pregnant about three months after her marriage. Both she and her husband wanted a child very much. She had a normal pregnancy. He was nursed for six months and then bottle fed until eighteen months. The family doctor examined the boy last Wednesday and said that he was all right physically except that he was nervous. He gave M medication for the nervousness as well as for mild anemia. The medication does not seem to

have had any effect on quieting the boy's nerves. At this point M broke into the history to say that she had forgotten to tell the worker about the fact that her husband suffers from time to time from a strange illness. She understands that at the age of fourteen F got very drowsy one day. Doctors were called for, but no one in the family seemed to know what the ailment was. M remarked, "Maybe it was sleeping sickness." The doctor said that he would be all right and a week later he recovered. Three years ago F got "sort of melancholy." He was "down in the dumps." He didn't talk very much. He was extremely depressed. The doctor who examined him said that he could not diagnose the condition. For several days F sat all by himself in his room in sort of a daze. While keeping company with her husband, M noticed the same thing. During the courtship he was taken to a hospital because of severe headaches. M visited him there. He was melancholy, confused, and had a sort of dull feeling. His head was x-rayed, but nothing serious was found. This caused M to become perturbed about continuing her engagement to F. She did not want to marry a sick boy. However, she felt very sorry for him, and her mother persuaded her that F was such a nice boy and it would be all right to marry. These attacks usually follow heavy colds. M has remained in a perpetual state of anxiety since her marriage, fearing that the attacks would come back.

Jeffrey had a normal developmental history. He talks in his sleep and is extremely restless. The only nightmare recalled by M was while the boy was at grandparents. He got up and screamed during the night in terror. He said he wanted to go back to M. He has no food fads. He is able to dress himself quite well now, although this was not begun until he entered school and there is some evidence that the mother infantilized him to this extent. He is a nail biter. M remarks, "So am I; I'm always nervous."

M states that the boy is extremely stubborn at home. He has lots of friends and is apparently adequate in his relationship with them. His chief fun is mostly in playing baseball and football, and one would not pick him out as abnormal in any respect on the playground. Last week when he returned from school, having fled the classroom, he threatened to run away when M threatened to return him. He walked out of the house, went as far as the drugstore, and came back immediately. He is undemonstrative, never asks for affection from either parent, although he clings to M, mostly because he is afraid she will leave him. He plays well with his sister, pretending he is the teacher and she is the pupil. M believes that her husband prefers sister. She is very bright. She frequently asks Jeffrey why he doesn't go back to school. M has beaten the boy recently because of school absence. Jeffrey has cried bitterly. He has also attempted to hit mother back. He has developed a certain boldness and temper-tantrum pattern since M has been using pressure on him to return to school. As a result M has stopped such corporal punishment. Up to the

time of his truancy from school, the boy appeared anxious to go. He liked his last teacher but this term started complaining about teacher, saying that she was too strict. He claimed he liked his previous teacher better. His marks in work and conduct were B. M has no fault to find with the teacher. When he was in the first grade, he was rather mischievous, doing a lot of talking, fidgeting, and making the children laugh. M states that she has been disappointed in the boy. She had high hopes for him at school. Everyone has told her that he is intelligent. She hopes that some day he will get a good education, at least one that was better than her own and his father's. This is understandable in terms of M's own deprivation. M is in her thirties. At the age of four her father died, leaving her and the sister to be supported by the mother, who went out to work. The family moved to another state in a slum section. M graduated from public school and was sent to work in a factory. Soon afterward the family moved back. There were times when there was little to eat. M recalls that her childhood was not a happy one. She always wanted to continue her education, but this was impossible because of financial circumstances. She met her husband in a public dance hall when she was twenty-two. At first she didn't like him, but he was persistent. She told him she would not marry him unless he earned more money. He learned a trade at which he worked regularly and steadily until his recent layoff. Her marriage has obviously been a great disappointment to her. She says that if she had her life to repeat she would not get married. She feels her husband lacks ambition and has been in a rut all his life. She revealed also that she did not want Jeffrey to be born so soon after the marriage. She had hardly furnished the house and wished to enjoy herself a few years before undertaking the responsibilities of motherhood. She feels that she is superior intellectually to her husband. She manages all financial affairs in the home. Her only recreation from the humdrum activities of the home are going to the movies and playing cards with a circle of women friends. Once a week she goes out visiting with her husband. Jeffrey does not object to the parents doing so. He will stay home with F if M goes out, but if F is at work and M goes out, Jeffrey refuses to let her go. Jeffrey's school truancy has made M sick. She complains of palpitation of the heart whenever she begins to worry. The worker again questioned her about any incident that may have possibly occurred which might lead to his school truancy. M denied again that there has been anything unusual in the last two years. It was suggested by the worker that Jeffrey be brought in by the father for a psychiatric examination.

9/26. M brought Jeffrey to the clinic for psychiatric examination. M had a very disagreeable expression on her face. The boy sat on one end of the bench, the mother on the other, neither saying anything to the other. She

was obviously quite irritated with the boy and once or twice snapped back at him when he asked her something.

9/26: Psychological examination. Jeffrey is a pale, washed-out looking boy of eight with a scared, sad expression. His nails are bitten to the quick. His voice lacks timbre, sounds flat and depressed. At no time did Jeffrey seem at ease or unworried. He smiled only once—when he banged on the wall of examiner's room and heard his mother bang back. This ruse was adopted to entice Jeffrey away from M to continue the psychological examination. Examiner invited M into the room with him at the outset. Pt was later willing to let her wait outside as soon as that was suggested, but he insisted on going out to her before the examination was finished. In the middle of the Stanford-Binet he had begun looking anxiously at the door and suddenly announced, "I don't want to do no more." He was up from his chair and out of the room as if driven.

His performance on the tests is quite irregular and is indicative of emotional disturbance. It may be that the obvious emotional disturbance prevents him from achieving his maximum rating on the intelligence scale. However, it does represent the level at which he is at present functioning. This is particularly important in view of the observation at the clinic that Jeffrey's work deteriorated under pressure, even such pressure as was involved in awareness of a time limit on a performance test.

In summary, Jeffrey appears to be a highly disturbed boy of average intelligence and good educational equipment whose best placement in school, if he would go to school, would be in an average group. The indications are that the source of the difficulty is not intellectual but rather along psychiatric, medical, and social lines.

9/26: Psychiatric examination. This boy has quite large but regular features. He wears a rather serious mien. He does not look as anxious as he does sober and a little sad, although his anxiety becomes apparent inasmuch as he has to go to the bathroom twice during the hour to urinate. He asks permission readily enough and returns to the office without difficulty. It is to be noted also that his nails are badly bitten, and once or twice during the interview he sucks his fingers. He requests M to sit with him in the room. This permission is readily granted. The boy stops the painting of designs which he has begun and has a tendency to listen in. It is quite obvious he wants to hear as much as possible from the mother. The mother is quite harsh, upbraiding the boy for being perfectly willing to play outside with fourteen-year-olds when they invite him to play games. He manages at the present time to stay within the block. He refuses to go to the playground. Whenever M now goes to the store, he must accompany her and leaves any companions with whom he

may be playing at the time despite the fact that he seems to be very happy. The boy tells the physician he is afraid that M will be run over and that he is watching out for her when he goes to the store with her.

The boy gives a fairly clear account to the physician of the onset of his fear of being away from M. He tells of going to his grandparents with his aunt. One of the women kinfolk whom he also designates as "aunt" took him to a movie which the other aunt did not care to attend. Not during, but directly after, the boy became upset, fearing that his aunt might leave him and that he would not be able to see his parents. Since this time, the boy has become aggressively more resistant to any notions of going to school. He now makes a proposition to the physician to the effect that he would like very much to stay out of school now and attend the following Monday. This has been usual procedure of stalling off the evil day.

M, while this information is being given, speaks of the boy as being unreliable, a liar, and not to be trusted. She freely admits, while the boy is present, that she has tried every method—coaxing, cajoling, and punishing severely. She has become upset herself not knowing what to do.

The boy in telling of school says that he has a very nice teacher. His classmates are good fellows. He enjoys only the games and play. He dislikes reading; as he says this, M interrupts and says, "You're a liar—you know you like reading—it's the best thing you do." The boy now qualifies, saying he dislikes studying. He speaks of doing an hour a day, at which time M again pounces on him. It is only after worker enters the room asking to talk to the mother that the boy seems at home with the physician. He plays checkers, wins at the game; he is very quick at discovering moves. He laughs. It appears that much of his unpleasant surly behavior is reserved for the mother.

It should be borne in mind that M states that the boy likes to play with three-year-olds at building games. She has punished him for doing this. Also the boy will stay around the block playing if F is in the house while M goes to the store. The boy does not object to the parents' going out at night. The only conclusion that can be drawn from this material to date is that he demands the presence of one of his parents, particularly M, and seems more fearful of her welfare than of F's. Since there are five adults and two children living in four rooms, and this boy does get up at night in order to go to the toilet, one would suspect that he has listened in on family secrets, which causes anxiety.

In summary, it is difficult to determine the psychogenic factors which cause this boy so much anxiety. He has many neurotic fears. M has shown a tremendous amount of irritability and belittles the boy in every way. It will take time for him to work through this difficulty. M seems moderately workable.

9/31: Initial conference. This boy's fear pattern has a reality basis. There is financial stress in the family, and Jeffrey has been hearing a great deal of bickering between the parents on this matter. Since the father has lost his job, he has come to play less and less a role in the home. Jeffrey has sensed the belittling approach of the mother toward the father. Jeffrey is sleeping in the parents' bedroom and has undoubtedly been exposed to the sex behavior of the parents. The constant fear about M may be connected to Jeffrey's fear of what F may be doing to M, particularly since his refusal to attend school seems to coincide with F's unemployment and consequent remaining at home.

M reveals a rejecting approach in many ways. F seems to be suffering from a depression pattern of hysterical origin, and M is identifying Jeffrey's behavior with F's illness. The paternal relatives like Jeffrey and this also may be motivating M's rejection.

Jeffrey is in need of psychiatric treatment. An attempt to return him to school should be made, with a parent, preferably the father, accompanying him and sitting with him in the classroom as long as necessary. If he does return to school, it would be desirable to maintain regular attendance without any interruption even for the purpose of psychotherapy. After he has managed to make this adjustment, Jeffrey can be seen at occasional intervals. If this plan does not succeed, Jeffrey will be placed on suspension by the school and consideration should be given to the placement of Jeffrey out of the home for a brief time.

It was felt that Jeffrey should return to a different class in the same grade in order to overcome the mild dislike he has shown toward his present teacher and to avoid the possible embarrassment involved in a parent's sitting in the room with him.

10/3. The boy is told in the presence of the worker that he is to definitely appear in school on Monday. F will take him. There is to be no alternative. The boy apparently accepts that F will stay with him even though he does not like it. He would prefer F not to be in the classroom. The boy's attitude in general is that of being very fearful, not facing the inevitable. When asked why he does not like the clinic, he says he does not like to talk about this problem.

M brought Jeffrey for psychotherapy. Worker discussed with her the findings of the examination. She was in a highly disagreeable mood with regard to the boy, again accusing him of being a liar, stubborn, and unwilling to go to school. She was all for using pressure on him. Worker arranged with her to carry out the scheme suggested in the initial conference, namely that of having the father sit with the boy in school for an entire week. She doubted that F would be able to do so. However, if her husband cannot go to the school, she will do so herself.

Later, Jeffrey was called into the interviewing room. Doctor, worker, and M were present. It was pointed out to the boy that even though he felt that nobody could do anything about his failure to attend school, the school attendance department had signified its intention to take legal steps to force him to school attendance. With this failing, they might apply to the court for placement of the boy out of the home. It was explained to the boy that the clinic and the parents were helpless to prevent them from taking the step. The explanation seemed to impress the boy. Although at first he was unable to say what he wished to do, he later announced that he was going back to school on Monday. He refused to return this afternoon. He objected to going into another class, giving no reason, but the worker thinks that it might be more desirable for him to go to another teacher in view of the possible embarrassment that a return to his old class might cause him.

10/8. Worker telephoned school and was informed that Jeffrey had been in school on Monday as well as today.

Jeffrey's teacher telephoned that M was in the classroom with Jeffrey. The boy has been attending without any unusual pressure. However, in coming to his room this morning he vomited. She wondered if she should feel concerned about it. W advised her that this was undoubtedly a typical reaction of the boy's anxiety. The worker asked her to have M keep coming to school with the boy until it was possible for Jeffrey to come by himself.

10/10. M telephoned. She is going to school with the boy due to the fact that F has just obtained another job. The arrangement is proving irksome, but M agrees to continue it. However, she asked the worker to send a letter to her noting that it will soon be time for Jeffrey to go by himself. Worker promises to do this. M will accompany the boy to the school again.

10/16. Telephone call was received from M stating that Jeffrey was attending school and that she no longer had to be in the school with him. She expressed her gratefulness to the entire clinic. A call was also received from principal expressing the same sentiment.

10/21. W visited school. Jeffrey's present teacher reported that Jeffrey has now been on his own in her class for the past two weeks. M withdrew at that time from school attendance with the boy. He appears to be participating in school work and she thinks that placing him in a normal class was the best thing for him, since in his ability he does not betray any basis for his previous placement in a rapid group. He does reveal a

certain amount of timidity but this is perhaps due to his not knowing the children. She expressed considerable sympathy for M and the boy. She has therefore attempted to draw Jeffrey out by means of activities which give him achievement satisfaction.

11/4. M called at the clinic in response to W's letter. She reported that Jeffrey was getting along pretty well in school although he is somewhat concerned about his having been out so much and missing important work. However, she was assured by teacher that Jeffrey would not suffer when promotion time came and that she would try to reassure the boy from time to time that everything was all right. Her attitude is praised by M as being most helpful to the boy. Apparently things are going along well in the classroom. There has been a corresponding decrease in tension in the home because F recently got a job. M has come to the conclusion that part of Jeffrey's violent fear was due to the fact that when the roomers moved into the home Jeffrey was afraid that they were going to dispossess his parents. Since then, he has realized that they are just rooming and the chances are that the roomers will move out of the home. However, she is not certain about this. This led the worker to bring up the matter of sleeping arrangements. M recognized that it was not desirable to have Jeffrey in her room, but she said that there wasn't anything that she could do about it at the present time. She could not accept the worker's suggestion of Jeffrey's sleeping in the living room for the time being, noting that the living room was the chief room in the home and that Jeffrey would not be able to sleep very much with people passing back and forth in this room. The worker suggested that Jeffrey go to sleep in his parents' room and then be carried out on a cot to the living room. M rejected this plan, saying that it would disturb the child's sleep too much. W asked her to bear this fact in mind and at the earliest opportunity to let him sleep in another room.

Worker indicates that Jeffrey is a neurotic child who probably would benefit by psychiatric treatment. Unfortunately the treatment schedule at the clinic is so heavy that it will not be possible for him to receive such psychotherapy in the near future. Since the mother understands that she may call upon the clinic for service as the occasion arises, the *case is closed*. Status of case: Partial adjustment.

4/23. W called at school and spoke with principal and Jeffrey's present teacher. They report that the family has moved. However, Jeffrey has continued to attend this school. She feels that Jeffrey likes to come to the school and is afraid of changing. Since study was made at the clinic no truancy has occurred. In many ways Jeffrey continues to remain a mal-adjusted child. He is on the nervous side, showing jittery behavior at times

during which he does not concentrate on school work. However, he has managed to make regular progress and is not by any means among the retarded pupils. Jeffrey plays well with the other children and on first glance does not stand out as a youngster who needs close follow-up.

The teacher impresses one as a rather jolly, tolerant individual who has been most helpful to Jeffrey.

4/27. M called at the clinic in response to the worker's letter. She immediately expressed her appreciation of the clinic's interest in Jeffrey. She said she felt much better about the boy. There has been considerable improvement in many ways. The return of the boy to school following the truancy for which he had been referred had kept her from "going crazy." There are many things which still mark Jeffrey as an intensely neurotic child, although M does not recognize them as serious. For example, he is still sleeping in his parents' bedroom. M has made an attempt to put him in the living room, but the boy has strenuously objected. The parents have not been able to do anything about it. M emphasized that she wanted the boy out of her bedroom. He is also afraid of the dark. He will not go to the toilet at night and insists on a light in the bedroom even though it disturbs the younger child. The financial conditions in the family are much better than they were at the time study was made. F has had no depressive episodes since Jeffrey has been to the clinic. M's outlook is more hopeful. She appears to be in a calmer state and undoubtedly this relaxation on her part has contributed toward aiding Jeffrey to effect a more promising adjustment.

On the basis of the school's and the parents' reports, this case must be considered as having made a partial adjustment.

ADULT OUTCOME

Attended college for three years. However, as an adult he described attacks of amnesia-like episodes beginning in his late teens and occurring regularly at least twice a year. He has been under care of family physician, complains of restless sleep, shortness of breath, profuse perspiration, and nail-biting. He says that his father has had similar attacks for more than twenty years. According to neuropsychiatric consultation, there was a possibility of narcolepsy or hysteria. Diagnosis: Psychoneurosis, severe. Rejected for service at age twenty-two.

Lee

REASON FOR REFERRAL

Mother states that she cannot manage patient at home. He is very cruel to animals and torments his little brother. Is overly active.

REFERRED BY

Mother.

PERSONAL DATA

Age eight years. Third grade. Living with parents, maternal grandparents, two uncles and one aunt, and one brother two years younger. Economic situation about average. SSI: none. IQ 111.

Social history. Lee and his parents live with the maternal grandparents and several aunts and uncles. Maternal grandmother is not well and is under constant care of a doctor.

Maternal grandfather is well. Has retail store.

Maternal uncle, age thirty, is single. M states that he is very good to Pt and seems interested in him.

Maternal aunt is twenty-three, single. M says that she understands Pt and seems to like him. The two of them get along very nicely.

Maternal uncle is sixteen, single. Attended high school for two years, but did not make any credits. M describes him as being dull, cranky, finicky about his clothes and food, unhappy. Was always in trouble with his teachers and never did his school work well. The assistant principal at high school told him this fall there was no use wasting his time and the teachers' time and so he dropped out of school. Since then he has been attending night school at another high school. Likes all outdoor sports. When he was only eight or nine years old he was such a problem it was suggested that he be studied by the clinic. This was not done, however.

He still has temper tantrums. If he cannot get his own way he gets very angry, turns red, and yells. Sometimes he even cries. He and Pt do not get along together at all.

Father, age thirty-five, is a machinist. He went through high school and has taken further work in night school. M describes him as being very serious-minded and studious. He is very sympathetic with M in regard to her handling of Pt. He spends as much time as possible with Pt on weekends. He realizes Lee is a big problem at home and doesn't seem to know how to cope with the situation.

Mother, age thirty-three, was assistant credit manager in a department store before her marriage. M is a rather nice-appearing woman and dresses attractively. Has read a number of books on child training and has consulted doctors. Does not seem to feel that she is to blame for any of Pt's present behavior. Claims she has tried to discipline him since he was very small. Worries about every little thing he does. According to her doctor, she is neurotic and a very emotional, high-strung person. Is too anxious to have Pt get ahead.

Brother is five. M claims that he is entirely different from Pt. She never has any difficulty in managing him. He plays out of doors most of the time. Is more quiet than Pt.

Home is in a nice neighborhood. Parents lived with maternal grandparents from the time of their marriage until Pt was two years old. Family then moved into an apartment for eight months. They then moved back to grandparents and M claims one reason for living with maternal grandparents so much was because of her health. She was very sick during both pregnancies. Pt sleeps alone but in the same room with his two uncles.

Grandmother often criticizes M for the way she handles Pt. Feels that she makes a mountain out of every little thing Pt does. The atmosphere in the home does not seem at all congenial.

M and two boys eat together at night and F eats alone as M feels Pt makes too much disturbance and F should have his meals in peace. Pt is always playing tricks on brother, takes his food when he isn't looking, etc.

M had a difficult time at birth of Pt. Before leaving the hospital an infection developed. M could not care for Pt at all until he was three months old. Pt was a very healthy baby. Never kept anyone up at night. Talked and could say complete sentences when a year old. Walked at a year.

He sucked his thumb until he was five years old. Stammers some. Goes to bed at 8:30 (M turns the clock so that Pt thinks he is going to bed at 9 instead of 8:30.). Gets up about 7:30 or 8:00. Doesn't have a particularly good appetite. Doesn't care for most vegetables. He is immaculate about his personal appearance. Is always restless. Has to be moving or

doing something every minute. Cannot stand still. Never walks, always runs. Has nightmares occasionally. After seeing a frightening movie, he cried and had nightmares for three nights. The doctor had to give him medicine to quiet him.

He is considered a very good student. His teacher of the previous term reported that he was no problem whatsoever in her room. Said he was a boy who liked to be the center of things and was always very active. She seemed rather surprised that Pt was to be studied at the clinic. Pt's present teacher said he was a good student and is no trouble in the room. He seems to be well liked by all the group and as far as she knows doesn't get into trouble on the school grounds. Principal stated that Pt has never been reported to her for any misbehavior.

Pt likes to draw. Knows all embroidery stitches and embroiders quite well. Otherwise, likes to do nothing that is at all feminine. He likes to be read to, but doesn't care to read to others. Seems to have a great many friends and is a leader. Pt doesn't care to be with little children or girls. Prefers the older boys in the neighborhood.

Pt and M visited a maternal aunt last summer. Pt behaved so badly that M had to bring him home at the end of three weeks. Pt and uncle did not get along well together at all, and there was a constant conflict. When they returned home, Pt was so upset by his visit and trip that their doctor was called. M stated she dreads seeing summer vacation come as Pt is constantly "at her heels" because he has nothing to do. He keeps coming in the house and saying "What can I do now?"

M describes Pt as having a very crabby and unhappy disposition. Refuses to do things he doesn't like. Likes to see how everything is made. Takes apart all his new toys, etc. Fights a great deal with his little brother. Seems to enjoy teasing him.

M said that he was mean to animals and likes to pull the cat's tail. If not watched every minute, he "would tear down the house." Has made holes in several posts in the basement. Whipping does not seem to do any good. However, before going to bed at night, he asks her to forgive him. Made a remark one night that he thought he was "born mean." Always does things when there is company to embarrass M. Will rush for the davenport and sprawl all over it. Wants to be the center of attraction. Likes to be praised, especially regarding his school work. Is not at all affectionate.

Pt has never been known to steal and M leaves money out but he never takes any of it. Earns money for errands. Puts most of it in the school bank.

M called Pt a "little devil" several times during the interview. She considers him a very serious behavior problem, but her doctor feels that M is the problem and Pt is only a normal, active child.

2/24: *Psychological examination.* Lee was brought in by M, who waited for him. He had not wanted to come because he thought this was a hospital. He started the tests readily and was congenial throughout. He takes great pride in success and carefully pointed out that he was in the first class in everything at school. In fact, all his school subjects are easy. When he meets difficulty, he immediately wants to give up and is with difficulty encouraged to go on. He gains a rating of superior intelligence (IQ 111).

2/24: *Interview with M.* M is a well-dressed woman who is rather tense and exceedingly earnest. She complains Pt is so active and always on the go that it worries her a great deal. He also is quite quarrelsome and just yesterday a neighbor complained that he had pushed her son down. Pt also is inclined to quarrel with his younger brother.

Maternal grandmother thinks Pt is the craziest and wildest kid in the neighborhood. It is just about too much for M to stand in the summer. Pt's father is a quiet man, but he too has headaches on Saturday afternoons when he tries to look after Pt.

3/7: *Psychiatric examination.* Pt is a bright-eyed boy of eight whose replies are prompt. He has a good teacher and generally likes school. He thinks his only trouble is that he doesn't mind very well.

3/7: *Interview with M.* She says that she called to tell the school that she was to bring Pt to a doctor, for he was very sensitive lest his teacher think that he was naughty because he had to come down here.

M is still very critical of Pt. She says she realizes Pt is bright, but at the same time he does things that are awfully stupid. For example, yesterday he went down to the basement, found a piece of striped cloth which he made into a tent, and said it was just the kind they have on the desert, and in his play he brushed among some clothes hanging there, which M had to wash out again. He is always playing theater. Also once when at a doctor's office, the doctor put his hand on Pt's neck and Pt slapped him. Pt hits his younger brother and pushes him, giving him nosebleeds, although the younger brother is very anxious to be with Pt.

M says he does damage whenever he is allowed to do as he wants. She says that grandmother has read many articles on child training and they stated that children's personalities should be allowed to develop, but if they did it in this case, there wouldn't be anything they could do with Pt.

Following the interview, Pt is seen trying his hand at a typewriter, and M is confident that she will not be able to get him to put on his coat to go home, although he does so promptly. She talks in front of him, telling

of the episode in the doctor's office which caused her to be ashamed and also that Pt does not go out and play as others do.

4/7. A report of findings is given to teacher, and she says that she hopes nothing has been found wrong with Pt, for when she was writing the history she felt it was a waste of time, largely because M seemed to be the greater problem.

11/10. M telephoned, saying that the psychiatrist had told her that he would send her some information which would help her to work out Pt's problem, but that she had never heard from him. When questioned whether Pt was having difficulty at school, M said "Oh, no, he is all right at school," but is as much a problem at home and in the neighborhood as ever. M was inclined to tell her whole story over the telephone, but worker suggested that she come in to discuss it.

5/31. Case may be declared *inactive*, with further initiative for clinic contact to be left with the mother.

1/25 (*Three years after case opening*). M telephoned to request an appointment. She has taken Lee to see several doctors, and they find nothing physically wrong with him. However, he has nightmares, seems afraid and nervous, and is restless. He complains frequently of stomach-aches.

1/30. Called principal to determine how Pt is progressing in school and whether or not he presents a problem there. Informant reported after conferring with the teacher that Pt has been no outstanding problem whatsoever. He is in the brightest group and acts no differently from the others. School does not feel he is in need of further clinic study but does consider Pt a spoiled child.

3/13 (*Psychiatrist*). Pt is eleven and in the sixth grade. He is a very mild and thin little boy, clean in appearance. He says he gets a stomach-ache very often. Last night, although they had a very good meal, he couldn't eat. He also gets headaches frequently. He says that his brother is almost as heavy as he is, but that he can take him down if he wants to, but he never fights with him. He denies any fearful dreams and says that his sleep is restful. He bites his fingernails a little and doesn't know if he is nervous or not. He complains that he sometimes has double vision and, when it is close to him, sees two fingers when only one is really held up. Also he sees two things when he is reading. He says that he likes to play with stamps best and that last year he built airplanes that would really fly.

He is living at his grandmother's house with two uncles and an aunt. He says he likes it very well there.

3/13: Interview with M. M complains that Pt has a lot of nausea, fullness in the throat, stomach-ache, and headaches. Pt also becomes very fatigued in the afternoon. M had a long series of complaints about Pt and compared him most unfavorably with his younger brother. I cannot see why she rejects Pt, but it is very evident that she does. When she was asked to try to show him more approval and give him less nagging, she said, "Well, how can you praise a boy who goes out and takes the hose and squirts it in the window or goes over to the neighbors' house and knocks down their little boy? He's always getting in trouble." M's rejection is probably rather deep-seated and she is probably not conscious of it. Pt's behavior does not justify rejection. M should be seen again to try to determine the basis of her attitude.

6/4: Interview with M. M states that Lee's behavior is much improved. She has felt more optimistic about him because the new neighbors, whom she respects so much because of their social position, have two children who are boys and get into just about as much difficulty as Pt. Pt was very much upset after these neighbors moved in because the little boy who lives two doors away told the new neighbor that Pt was the worst boy in the neighborhood. Because of this, he was sick for two days.

M complains that he "wants to do things on his own accord and never wants to ask us. The other day he told me 'Why should I ask you to do things because you never ask your mother for anything?'"

Pt has not had any stomach-aches recently and doesn't have to have someone go to bed and stay with him, but it is necessary to leave the light on at night because he is very much afraid of the dark. M is also afraid of the dark.

During the past few months Pt has been having weak spells which keep him home from school. M is not sympathetic about these and does not see why he should stay home. Recently he cried bitterly because he failed on a test and he explained it by saying that he had had a splitting headache during the test. M very definitely prefers his brother to Pt and brings this out frequently in her conversation.

Recently M has noticed that Pt has been nice to his brother and plays with him a good deal. M thinks that this must be arising out of some selfish motive on Pt's part.

10/10. M requested to come to the clinic because she had "something very important" to ask about.

She is now very much worried because last month Pt had a high fever

as a result of sinus trouble. At that time he developed a delirium and in this delirium shouted that just before his sinus trouble a neighboring boy told another boy in the neighborhood that Pt had stolen his wagon. This boy then began to call Pt "thief" and a "crook" and got him quite upset about it.

Following Pt's recovery from the sinus trouble, he still was afraid to go to bed at night and said that there seemed to be someone in his bed who was going to take his things. M reasoned with him, saying he had nothing that anyone would want and he said, "I know that and I know that no one is really here, but I hope that you don't think that I'm crazy." As a matter of fact, M is very worried that the neighbors may say that "he is mad or crazy."

M is now upset because Pt is sad due to a rather serious illness which his dog is suffering. The dog had to be shaved and looks very bad and Pt is morose about it. M was again reassured. It seems she is very anxious to view this boy as abnormal and she grasps at every straw to prove her point.

10/11. Visiting teacher notified clinic that principal reports Pt has had no difficulty at school this year and suggests that when M telephones again she might be referred to principal, as M frequently becomes excited over situations at home.

5/31 (*Four years after case opening*). Report received from visiting teacher indicates that Lee, now in ninth grade, is making an excellent school adjustment; he has been on the honor roll. His general behavior is excellent; he has become a leader in his group. His general home and community adjustments are regarded as satisfactory. On the whole, he seems well adjusted. *Case closed*.

ADULT OUTCOME

Entered officer's training and received commission. He received a decoration for meritorious combat performance. Returned to college after discharge.

Clyde

REASON FOR REFERRAL

Well behaved with adults but does not get along with children; combination of sweetness and meanness that is exasperating; enuresis; falls asleep in school.

REFERRED BY

School and mother.

PERSONAL DATA

Age eight years, four months. Third grade. Currently living with mother, stepfather, and infant half-brother; formerly lived with maternal grandmother for seven years. Below average economic situation. SSI: eleven. IQ 101.

Social history. Compiled from the following sources of information:

1. Teacher. She considers Clyde to be a behavior problem.
2. Principal.
3. Maternal grandparents. They regard the important problems as physical.
4. Maternal aunt.
5. Mother. She regards enuresis as the biggest problem.
6. Welfare agency worker. She does not regard patient's behavior to be serious. In her presence he has always been perfectly behaved.

Clyde is an attractive youngster. He is slight in build and appears generally thin and underweight. He seems a little timid upon first meeting but is able to establish a friendly relationship quickly.

Patient was M's first born. He is an illegitimate child whose paternity has never been established. M was sixteen at the time of this pregnancy. M's parents had an indulgent, kindly attitude toward her at this time. The

maternal grandmother said that M had frequent crying spells and was emotionally upset and depressed during her pregnancy.

Clyde spent the first three months of his life in an infant home. He then lived in a temporary boarding home for two months. From the time he was five months old until shortly after his seventh birthday, he lived with his maternal grandparents and maternal aunt. Pt has lived exclusively in the company of adults almost all of his life.

For the past year Pt has lived with his mother and stepfather. He has had to adjust to accepting M in her recently assumed maternal relationship to him as well as accepting the stepfather as his father.

The grandparents felt that Pt had been generally sturdy while he lived with them. They feel, however, that he has become less healthy during the past several months. He is thinner and more undernourished in appearance than formerly. The grandparents and maternal aunt seemed fairly anxious about his excessive head and body sweating. They were puzzled as well by his "foul breath." The grandparents called attention to the fact that the boy's bed clothing would be "wringing wet" about his face and head while he slept. They regarded this severe sweating as a possible "nervous manifestation." There was an indication that Clyde is made exceedingly uncomfortable and to an extent self-conscious by this disturbance.

Pt has been biting his nails most of his life. The grandmother, acting on a physician's advice when he was two, coated his nails with a disagreeable tasting preparation but the procedure was unsuccessful. M has always had this habit and the grandparents believed Pt, to some extent, was imitating her.

He has expressed no fears or anxieties when awake, but has frequent nightmares during which he often cries out. During these outbursts, M does not go to him but remains in bed and attempts to reassure him. Pt describes his nightmares as involving the threat of some larger boy about to strike him. Pt also talks a great deal in his sleep, using profane language, in contrast with his speech during waking hours which is almost completely free of profanity. At present Pt has nocturnal enuresis. When scolded for bed-wetting, he has usually asserted that he could not help himself.

Patient has unusual food habits. He has a long-time aversion to meat, fish, and eggs. He has been observed to shudder and shake all over after being coaxed to eat a piece of meat. Extent of knowledge of sex is not known. He has expressed no curiosity, nor has any irregularity of habits been observed.

Clyde will enter the third grade in the fall. He has repeated the second grade.

Pt's grandmother said that she had received many reports from school

that he was a tease. In kindergarten the reports received by the grandmother indicated that he was doing well. Clyde's first grade teacher reported that he expressed himself well, was neat in appearance, and seemed to be a leader. She recorded also that he was restless, easily angered, and constantly seeking the limelight. Both first and second grade teachers stated that his behavior was modified by a display of affection, firm management, approbation, and permission to run errands when his work was well done.

The principal of the school he attended for first grade and most of the second grade said: "I remember him as a behavior problem. I recall also that he could not be satisfactorily placed anywhere. He was always getting into trouble." The principal remembered Pt's grandmother as cooperative but felt that Pt put many things over on her.

In the fall, Clyde was enrolled at another school where his adjustment in the classroom and playground was poor. His teacher reports that he consistently blames the other children when he becomes involved. He has, for this reason, been seated purposely among quiet children; yet his difficulties continue.

He has a tendency to take things, but will admit having taken them and will give them right back. He takes small things; pencils from other children, hymn books from the church. Pt begins to cry artificially when scolded and soon stops. He shows no regret for his behavior, glibly promises to do better, but doesn't.

The teacher feels that Pt's erratic behavior is difficult to understand. He may present no problem for several weeks at a time, yet suddenly his behavior may become baffling and he may be unresponsive to any form of reasoning or treatment. It is possible for the Pt to be friendly, lovable, and very willing to help. On the other hand, he may get into one scrap after another. Toward the close of the current school year Pt had such a "streak" of bad behavior. He bit one of his classmates and was anxious to strike the others as well. He fell sound asleep in class several times during this period.

The teacher believes that her relationship to Pt has been a friendly one. Pt seems to like her as well. She has met Pt's M and maternal relatives. She feels that the parents have cooperated very well but does not think that punishing Pt can bring effective results. She believes that much of his difficulty in getting along with the class arises because he has lived primarily with adults and has not learned how to get along with children.

The maternal relatives stated that for the most part Pt chooses friends younger than himself. However, he does not dominate them, rather the reverse has often been observed. When Pt is especially fond of a companion, he is easily induced to do things contrary to his own best interests, despite his superiority in age. The grandmother felt that Pt would have liked to

have been the leader but somehow seemed more easily led. Teacher observed that he selected for his companions the worst children in the class from the standpoint of behavior and social adjustment.

All sources of information were agreed on the "streak" character of Pt's conduct. As far as the maternal relatives could ascertain, these shifts from good to bad behavior appeared unrelated to events in Pt's life or to his physical condition.

The grandmother compared Pt with his mother. M, who still has the nail-biting habit, was enuretic as a child also. Grandmother felt that, like his mother, Pt was suggestible. She has been described as being indiscriminate in her choice of companions and most of her difficulties were attributed to her lack of discretion.

Clyde's mother is above average height and fat. Her clothes are ill-fitting and she is generally untidy. She smiles frequently without energy. When she was in the ninth grade, her education was interrupted by pregnancy. She has always been healthy, strong, and capable of heavy labor. Her parents feel that she has become sluggish, and increasingly inactive as a result of her obese condition. Prior to her marriage last year, she was employed as a domestic.

M appears quite happily married. She is obviously fond of her husband and is a constant companion to him. She appears to gain much satisfaction from her status in marriage and place of importance in the family. She was the younger of two children and less stable than her older sister. She is agreeable, easy-going, and passive. She is responsible for disciplining Pt, although she would like her husband to do so.

She appears bound by deep affection to her parents who have never condemned her. She has shown ambivalent attitudes of both affection and rejection toward Pt. Unable to understand or successfully treat his enuresis, nutritional and school behavior problems, she has asked for the clinic study.

Worker has found her to be agreeable but not capable of sustaining effort and following through with plans. She needs frequent reminders and help in maintaining a long-time plan.

Seven years ago M obtained an IQ of 92. She has given birth to three illegitimate children and one legitimate child.

The grandmother has intimated that Pt's difficulties might be related to a feeling of homesickness. Pt continually asks to be allowed to return to live in her home. The grandmother feels that Pt still regards her in the maternal role. Prior to M's marriage he had always addressed M by her first name, and he had referred to the grandmother as "Mother." Grandmother's willingness to play games with him, walk with him, and so on, have tended to make her company more desirable than that of M. At the time he went to live with M he showed no reluctance to leave, and faced

separation from the home of his grandparents eagerly in a spirit of adventure. The grandmother has expressed a deep affection for him.

Grandmother said that when Pt had lived with her, he had presented no problem when he was alone with her. When the maternal aunt and grandfather were present, however, his management became complicated. The aunt and grandfather agreed that Pt had suffered at the hands of too many authorities.

The grandfather expressed his feeling of affection for Pt. He said that at the time of his daughter's marriage he felt that Pt ought to be with his mother. He thought that he was growing older and less willing or able to tolerate some of Pt's behavior. He felt himself particularly impatient with the child's running through the house and shouting noisily. "It was not an actual dislike," he emphasized, "but rather the feeling that my wife and I had raised our children, and now that we are getting on in years, think that the child's place is with his mother."

M's unmarried, older sister is deeply fond of Clyde. She has long assumed the responsibility of meeting Pt's material needs. She has purchased most of his clothes. She feels Pt is closer to her than he is to his own mother. She attributes this to the fact that he has seen more of her than he had formerly of M. The aunt said that she felt sorry for Pt; and that M ought to spend more time with him, play with him and generally be more patient with him.

Pt's stepfather appears strong and fairly healthy. He is a very active person. He is considered a good husband by the maternal relatives. He appears entirely compatible with his wife. He is demonstrably affectionate towards his own seven-months-old child and according to M shows affection for Pt also. Pt has been told by M to address the stepfather as "Daddy." M has said that, depending on her husband's mood and frame of mind, he has responded negatively to Pt, sullenly demanding the basis for Pt's right to address him as "Daddy" when he is not in reality the boy's father. This sort of outburst has occurred at times in front of Pt. Stepfather has also shown considerable impatience regarding the boy's enuresis.

7/8: Psychiatric interview. Clyde is a withdrawn, scared little boy. He said he didn't know why he came to the clinic, and later admitted that it was because of his bed-wetting. However, he said at once that he wasn't worried about his bed-wetting and he hasn't wet the bed for some time. His statements are unreliable and psychiatrist had the impression that since he was afraid of what the treatment might be, he let it be known that his bed-wetting didn't worry him. There was nothing of significance in the interview because of his defensiveness. He said that his father was all right. He was asked if this was his own father, and he said that he was.

He told of living with his grandparents before moving in with M, and said he liked it there very much. He was happy there and wishes he could return. It was difficult to get a clear picture of his present interests. He knows that he has gotten into difficulty at school but wanted to leave the impression that he was all through with that kind of behavior and could be depended upon to get along well.

He was asked about his liking for food and he said that he didn't like meat. He said he had no idea why.

M gave the impression of being somewhat dull. She is concerned about Pt's behavior. She described herself as a rather nervous person. M feels that she is happily married. She thinks that Pt is fond of stepfather and that stepfather is fond of him.

It is difficult to know what we are dealing with in this total situation. M leaves the impression of being a very unstable person, rather kindly and ineffectual. Pt seems to be markedly unstable and very difficult to handle. He doesn't seem, at the present time at least, to be interested in any psychiatric treatment.

7/9: Psychological examination. Clyde is a slender, attractive little boy who was friendly and cooperative on the examination. He seemed immature for his age in his interests and manner. He impressed the psychologist as worried and anxious. He talked freely and occasionally got into involved and, at times, irrelevant discussions. He had a need to excuse himself when he encountered difficulty and would remark that he had not had that yet in school, or had not played that for a long time.

Clyde received an IQ of 101. He is entering third grade in the fall and thus is satisfactorily placed. Achievement tests, however, suggest that he will have some difficulty with third grade work.

7/13: Conference. Clyde appears to be a neurotic little boy. This is reflected in his anxiety in relation to eating certain foods. His general behavior is that of a passive boy and yet he has shown a good deal of independence in getting around the city by himself at a younger age than most boys.

The reasons for his difficult behavior at school are not clear. There is a possibility that he is attempting to compensate for his feeling of passivity and is trying to prove to himself that he is courageous and can fight. He is not achieving up to grade and he may be manifesting a sensitivity about this by attacking other children. He may also be venting his aggression against his younger sibling by projecting this into the school situation. It must be kept in mind, however, that this difficult behavior preceded the birth of this sibling.

There is enough evidence to indicate that Clyde was overindulged while

he lived with his grandparents, especially by the maternal aunt, and it may be difficult for him to accept the demands to conform which are made at school. There is undoubtedly a difference in warmth and acceptance in his present home compared to what he has been accustomed to.

We do not know what stepfather's attitude is toward Pt. Although M says that stepfather accepts him, there apparently is an element of rejection because of his difficult behavior, his enuresis, and the fact that he may set a bad example to stepfather's son. Stepfather's refusal to accept an important role as a disciplinarian may be one of the underlying factors in Pt's lack of discipline. That Clyde is known at school by his mother's maiden name rather than by her married name is probably significant. It is known that stepfather at one time, at least, resented Pt's calling him father.

Clyde would do better in school if he could be given some help; however it cannot be arranged. It may be that better control of his behavior is enough to improve his achievement. An attempt should be made to help Clyde to a better adjustment in his present home situation. It would be necessary to work with both parents. They should be told that an effort on their part to help Clyde will be necessary to prevent problems with regard to the baby later on.

An attempt will be made to work directly with Clyde through play interviews.

9/3. Worker told psychiatrist that stepfather was not very anxious to come in today. He is afraid he is going to be told just what to do and what not to do. He also said he sees no reason why he has to be concerned about what is going on with his stepchild.

Stepfather blames most of Pt's difficulties on the fact that there can't be any consistent discipline or firmness in handling him. The grandparents always seem to find out what has taken place in the home and this results in discussion and hard feelings. He feels that a good licking will help Pt, and told of being brought up in his own home with a strict father who meant business. Psychiatrist wondered whether, since Pt doesn't feel particularly close to his stepfather, instead of responding well to punishment he might have a need to get even and behave worse. Stepfather seems to realize this and he said for this reason he has not been punishing him. On one occasion when Pt ran away stepfather did give a spanking and the grandparents said if this ever happened again they would call the police. Stepfather told them he was not going to let any boy run him.

Psychiatrist talked to stepfather about the danger of Pt's influence over his son and he says he has been thinking about that. He admitted that one of the reasons he is resisting the idea of having Pt go to a boarding home is that he will feel that his attempt to accept the boy has not been success-

ful. He wondered if we couldn't continue to work with Pt and see if he might respond in time. He was told that psychiatrist would like to have Pt treated at the clinic for a while; perhaps after a series of interviews we could talk matters over with him again. He seemed willing enough to come back.

9/19. Clyde came to the clinic for his first play interview. He walked over to the toy shelves, admired the toy furniture, and looked over the other things but did not pick up any of them. Worker showed him clay and crayons in a desk drawer. Clyde then sat down at the desk but didn't start playing. Instead, he told worker in a grown-up fashion about his trip to the clinic.

Clyde started fingering the clay aimlessly. Worker took some clay and asked him what she should make. He had no suggestions, but made a ball out of his clay. He asked if he could play house. He rearranged the bedroom and the living room many times, always asking worker how it looked. At this point he definitely talked as a woman would. He wanted lamps made out of clay and when worker produced some lamps he admired them very much. He wanted more and more of them both for the living room and the bedroom. At this time worker warned Clyde that the hour was almost up. He was told that he had to leave and was given some candy which seemed to please him. As he left the room he said, "I have had lots of fun."

9/22. Worker found Clyde playing in the waiting room. Though it was a cold day he had just a thin sweat shirt on and looked quite cold. Clyde continued to rearrange the furniture. He wondered about dolls and was told that if he would like to have a family of dolls worker would get them for him the next time he comes in. He always asked worker for her approval before he changed the position of the furniture. Each time worker warned him about the time, he started rearranging the furniture again, saying that he just wanted to try one other arrangement. He said he didn't care how long he stayed. When asked if his mother wouldn't worry about his being late, he said that she didn't worry about him.

10/10. Clyde immediately asked if worker had gotten the dolls for him as she had promised. He seemed very pleased with the rubber dolls, placing the parents in the living room and the children in the school. Clyde spent a great deal of time again today arranging the furniture, though not as much as before, as he was more interested in manipulating the dolls. Nothing much was said in this interview outside of the play.

10/24. Clyde noticed a truck that hadn't been in the room before and said that he would play with it. He examined it carefully and when he

found out that it was a dump truck he thought it was "very cute." Wanting to move the toy furniture on the truck, he piled it up and rearranged it in another corner of the room. As he was talking about moving, worker asked if he had ever moved. He said he had, that previously he lived on the other side of the tracks. He thinks it is better to live where they are now because there are not such mean kids. He said he once saw the kids at the other place beat a small kid. He admitted that they had beat him too. He said he didn't fight back because if he had they would have called the police. He was asked about kids in school and said that some are bad. He said he is an angel "most of the time." He had gotten "A's" on his report card.

As he was working Clyde talked about school, saying that he likes it and giving the impression that he is doing very well. Since stepfather mentioned some recent complaints from his teacher, worker thought that Clyde was trying to conceal his real feelings and give the impression that he is getting along fine both in school and at home, when actually he isn't.

11/7. Clyde again played with the truck. He seemed quite cautious in his play, as if afraid of making too much noise, and didn't keep it up very long. He then didn't know what to do. He said that there were too many toys and he couldn't decide which to play with. When asked what he plays with at home, he said he had many things there too. Worker had the impression that Clyde was somewhat subdued and reluctant to talk, either because he is anxious to give a good impression or because he does not like to admit or face his difficulties.

12/21. The case was discussed with psychiatrist. Clyde has not been in for six weeks. It seems evident that the parents are not interested in clinic treatment. Psychiatrist and worker feel that further interviews are not of much value if the parents do not see the need for them and they will therefore be discontinued unless Clyde should again present serious problems at home or at school.

1/25. Worker discussed this case with welfare agency worker. The parents still report Clyde's behavior at home as satisfactory. They say that he is showing a great interest in the baby, playing with him all the time. His school reports have been satisfactory also. Agency worker likes Clyde very much and feels that he could not be seriously disturbed since he behaves so well when with her. At any rate she feels that it would not be possible to carry out any treatment program since the parents cannot be made sufficiently interested. She is aware of the fact that stepfather showers attention on the baby. She has discussed the importance of his attitude in regard to Clyde's adjustment with stepfather, but while he

agrees and seems to understand intellectually, he cannot carry through any suggestions. The worker will let us know in case Clyde should present any more serious problems. *Case closed.*

9/15 (*Two years after case opening*). Agency worker telephoned to inquire about this case. Clyde is still presenting many problems and they are now considering removing him from the home. Agency worker has talked to Clyde about coming back to the clinic but he is not interested in doing so. M has commented that Clyde can be very sweet at times and that one would have to have him around for two or three days to know how he really behaves. Agency worker said that he does leave a very good impression and has shown a great deal of poise when he has come to her office.

On the first day of school Clyde got into fights and the school telephoned immediately to ask what kind of boy he was. He is now repeating fourth grade. He was sent to camp this summer but got into difficulties. He has severe temper tantrums during which he screams, kicks, and pulls hair, but he gets over them quickly. He was arrested by the police for stealing money and admitted that he had also stolen some cake and candies from stores. He said he had stolen food because he was hungry, but later told worker he had just given this excuse so he could get away. M admitted that she had called the police and said that she didn't know who had taken the money, but if Clyde was the one, she wanted him punished.

Clyde now goes by his stepfather's name at school. He calls the stepfather "Dad" but he has not been adopted by him.

5/12 (*Six years after case opening*). Probation officer telephoned to inquire about case. He said that Clyde had recently stolen a bicycle. Case remains closed.

8/24. Telephone call from probation officer to say that Clyde has been at the county school for about three months. He had the impression that Clyde is to be returned to the clinic for study very soon, and he hopes this is true because Clyde is, he thinks, a very disturbed boy.

While at camp recently, Clyde was found to be carrying on sexually with one of the other boys. Worker at county school has noted that Clyde has attempted this with a boy there, but was stopped. Clyde is quite an "apple polisher" and seems to be a boy who never gets into difficulty, but this is not true.

Psychiatrist told probation officer that Clyde sounded like a very sick

boy, and he would arrange to see him for treatment if and when this can be arranged.

9/1: Psychiatric interview. Clyde is a rather intelligent appearing, somewhat passive adolescent boy. He is tall and thin, and looks scholarly. He left the psychiatrist with the impression that he was brighter than any of his tests indicated. He was frank in talking about his sexual behavior at camp and at the Boys' Farm. He said that the first time he ever acted in this way was with one of the older boys at the school. This boy stopped him one time and practically forced him into carrying on sexually. Apparently it was pleasant to him because he continued this practice with other boys. Psychiatrist wondered whether this is a need that Clyde has that is going to continue. Psychiatrist would like to see Clyde at regular intervals, because he seems to be very much in need of psychiatric treatment.

9/7. Clyde seems very frank in discussing his problems. Today he said that he has not carried on any sexual activity for the last couple of weeks, at least, and he thinks that he can manage all right. Pt talked about his interest in piano and accordion. He is not at all interested in aggressive sports.

9/17. Before Clyde came in probation officer called psychiatrist to report that Clyde was caught yesterday fooling around with the zipper on the pants of another boy at the school.

Clyde said that everything was going well at the county school. Psychiatrist waited for him to tell about the incident reported by the probation officer, but he did not, so psychiatrist asked him about it. He tried to laugh it off, and psychiatrist told him that this was a very serious problem—not so much because of what he was doing, since psychiatrist was aware of Clyde's interest along these lines, but because for some reason he had to lie or keep information from psychiatrist. This could only mean that either he was afraid that psychiatrist might report him or dislike him if he knew that he was continuing with this behavior. Clyde insisted that neither of these two suppositions was the fact. Psychiatrist said that he believed they were, and he hoped that Clyde would change and feel free to talk about anything here or else we would be wasting our time. Psychiatrist explained why it was important for Clyde to be truthful, and he seemed to understand it.

9/21. Clyde complained that some of the boys called him a "fairy" and even worse names. He sounded somewhat persecuted, and it is a question of whether this is real or fantasied. Many of the boys have gotten him into difficulty. Some have unjustly accused him of wanting to play with them

sexually in order to get him into difficulty. It remains to be seen whether these complaints have been justified.

9/28. Psychiatrist discussed Pt's background with him. He talked about M and their work around the home. She demands a great deal from him. He has to scrub the floors and wash dishes, etc. He said that he does this because M is very stout and cannot do very much. There may be a good deal of resentment in connection with this. Psychiatrist wondered if the boys are still teasing him and he said that this has let up some.

10/12. Clyde looked very well today. The boys at the school are still irritating him a little bit through unjust accusations—not about sexual matters, however, but about his making faces at them and things like that.

It is quite obvious that Clyde has been a mama's boy. He said that he is closer to his mother than the other children are. He loves to cook and sew and crochet, all of which M has taught him.

10/15. Clyde still says that some of the boys are picking on him. He talked about a dream that he recently had. He was in a burning building and was yelling for water so that he could be saved. The kids told him in the morning that he had been screaming. He screamed on another night, but he doesn't know why.

Psychiatrist told him that it was very likely he was screaming because he was afraid of a catastrophe that was going to happen to him. Perhaps it was a reflection of his anxiety about his sexual makeup because he realized that he was different and he was going to get into trouble. He admits doing a lot of thinking about that. An attempt was again made to determine whether he had any homosexual experiences before the incident at camp, but again he denied it.

10/26. Before Clyde came in today, a member of the county school staff called to say that Clyde was again getting into sexual difficulties there. He was cornering other boys and apparently carrying on. He denied this although it was quite obvious that it was true. His statements are entirely unreliable; they never know when he is telling the truth.

Psychiatrist was very frank in telling Clyde that they knew what he was doing at the school and that he was getting into a lot of difficulty there. Psychiatrist spent most of the interview discussing with him differences in sexual adjustment and the fact that he would be more unhappy than others because he is different. It is going to be very important for him to be able to control his sexual life or he is going to get into difficulty. Psychiatrist explained that our interviews were not for him to tell psychiatrist that he has been behaving acceptably. He told Clyde that very

likely he had been doing a lot of lying to the psychiatrist but this was silly and a waste of time. He will have to learn to tell the truth here and at the county school, no matter how painful it is, as the first step in being acceptable and adjusting.

11/16. Clyde has made up his mind that he has to forego the pleasures of sexual indulgence if he's going to get along well. Strangely enough, he seems to be making the best of it and to be getting along fairly well. He insists he has made no attempt to get any other boys into sexual activity and therefore had fewer difficulties at the school. He feels that he's getting along all right.

11/19. Clyde hopes that he can get out of the county school before the end of the year. He said that his M had been told about his difficulties there, so that she knows about his sexual problems. He has not gotten into any difficulty in the last week. He has been able to control his behavior, though it has not been easy.

Clyde doesn't make a good impression. He sounds like a fourflusher; he's putting on an act a good deal of the time. He hopes he will be able to go home early in December. He was told that there was a possibility. He is a chief waiter out at the county school and he admitted he would like to become a waiter when he grows old enough to earn his own livelihood.

11/24. A conference was held with the probation officer. Clyde is coming up for discharge from the county school. Apparently the only thing that can be recommended at this time is his return home and continued supervision by the probation officer. It is hardly likely that with Clyde's unreliability anything constructive can result from the treatment interviews. Psychiatrist has impressed upon Clyde that he is aware of the unreliability of his statements and Clyde has always admitted this was the case but said that it would no longer occur.

11/30. Psychiatrist talked very frankly to Clyde today about the possibility of his returning home. Psychiatrist went into Clyde's need for misrepresenting facts in order to put himself over and told him how dangerous this was. He told him if we did continue with treatment it would only be on the basis of his being very honest or else little would be gained from it. Clyde said he realized this and thanked psychiatrist.

12/2. M telephoned to say that Clyde was at home. She wondered what psychiatrist had found in the treatment with him. She was very worried

about him. Psychiatrist told M that he thought Clyde was trying to cooperate. She seemed quite relieved, more relieved than she should be.

12/21. Psychiatrist had not seen Clyde for two or three weeks, so he called the probation office and asked them to arrange for him to come in. Pt seemed pleased to be in. He had his usual smile which is a little bit exaggerated. He assured psychiatrist that everything was going along fine. He was driving sexual thoughts out of his mind so that he should not have any danger of getting into difficulty again.

3/31. The probation officer telephoned psychiatrist to say that he was concerned about Clyde, who up until recently was getting along very well. He did good school work and worked hard. There were no complaints about him from the home. But recently he carried on sexually with a six-year-old boy and he has been brought into court.

Psychiatrist told probation officer that Clyde had been uncooperative in any attempts to work with his problem in the past. He has come in for interviews but he has not been very frank. Psychiatrist questioned the advisability of reopening the case.

ADULT OUTCOME

Entered service when he was eighteen. After six months he was discharged as unsuitable. Eight months later he entered another branch of the service.

Almost immediately Pt came under the care of the psychiatric service. He was hospitalized and the following note was attached to his record: On the ward Pt passed out a couple of times and doctor thought he was either malingering or having hysterical fits. Pt seemed somewhat depressed. He states that whenever he thinks of his wife who was killed in an auto accident he passes out. Pt has been at the clinic but states, "They don't do me any good." They tell him it is all in his head, but he feels that isn't so. He had eleven years in school. He claims that he would have gone further but had to drop out to support the family. He claims that he has been passing out for several years and may be out for one to two minutes to as long as twenty minutes. He has never taken any medicine for the condition. While on the ward, he evidently walked into the toilet and tried to molest another patient sexually. Pt denied this and states he can't remember what happened. Diagnosis: Emotional instability reaction. Pt will be returned to duty.

In the succeeding months Pt received five disciplinary punishments, mostly for failure to obey orders. As part of his final disciplinary investigation, a psychiatric evaluation was conducted with the following report:

During the interviews Pt was very obviously concealing information and misrepresenting himself in an attempt to create an impression that he was suffering from emotional difficulties. The psychological testing revealed considerable evasion and inconsistency and indicated that Pt had some knowledge of psychiatric symptomatology and was trying consciously to feign some of this for our benefit.

Pt related his past history as if it were a case out of a psychiatric textbook. He tried to create the impression that he was suffering from emotional maladjustment because of specific happenings in his childhood, and it appeared as if he were using a type of pseudo-insight. His intellectual approach did not have the ring of truth. He said that he did not know who his father was; that his mother was not married when he was born; and that he lived with his grandparents until he was seven years of age. This period of his life he describes as being very happy. He stated that when he was seven his mother married and he moved in with his mother and stepfather. A child was born of this marriage with whom he gets along fairly well. He described no difficulties with his mother but said that he had difficulty with his stepfather all of the time. His stepfather favored his own son and was rather severe and harsh with the subject. Because of this, he rebels against authority and cannot stand to take orders from anyone. He said that when he was sixteen years of age he quit high school and left home to work for a children's hospital. He worked there until the time of his entrance into service. He said that he had a position of responsibility and was a highly trained person responsible for the care of many patients. When questioned regarding his relationship with other people, he stated that he was not interested in girls now because there had been only one girl in his life. Following a three months' courtship, he married a girl who worked at the hospital with him. He described this as a perfect marriage which was ended by her death in an automobile accident. (I had the impression while he was telling this story of the marriage that it was probably a fabrication.)

He said that his present difficulty began as soon as he entered the service. He admitted that he had five court martials during the last few months but did not elaborate. He said that people picked on him and that unfair advantage had been taken of him because of his sensitive nature; he rebelled against this type of treatment. He said that he is now serving a thirty-day sentence and faces a discharge from the service upon its completion. He feels that he should have a medical discharge rather than a discharge without honor, as he is nervous and is not responsible for his actions.

Mental examination revealed the subject to be very alert, intelligent, and clever, with a good ability for expressing himself. No bizarre behavior or psychotic features were noted. There was no blocking of speech; however,

he was evasive and told only the part of his history which he wished to convey. There were no special preoccupations, hallucinations, or delusions noted. He had a rather immature, childish manner and a slight suggestion of effeminate characteristics.

The diagnosis which seems to be most applicable in his case is that of antisocial reaction. It is not our impression that he would benefit from psychiatric treatment at this time.

Pt was recommended for discharge as unfit, with the following summary: The main complaint is pathological lying. He has misstated his age. Although he is only nineteen years of age, he claims to have a six-year-old child, which is not supported by records. He claims a year in another branch of service but records do not substantiate this. He has failed to live up to promises in the performance of duty on several occasions. Another aspect of personality deviation is found in his antisocial nature. He confides in no one intimately and has no close friends; in fact no one desires to associate closely with this man. He wears strong perfume. There has been a question of homosexual tendencies, although we have no proof, but we do know that the only people that he associates with are younger children, particularly boys. There have been repeated petty offenses and duty violations during the short time he has been in service. We feel this man is not fit for retention in the Armed Services.

On completion of his confinement, Pt was given a poor discharge.

William

REASON FOR REFERRAL

Constantly lying to get out of scrapes, gives an "innocent stare" when reproved. Frequent fights with other children, always the one who gets hurt, asks to go to school nurse for treatment. Inattentive in class. Work poor. Uncontrollable at home.

REFERRED BY

Principal.

PERSONAL DATA

Eight years old. Second grade. Living with his parents and half-brother who is five years older, in a poor neighborhood. SSI: ten. IQ 97.

1/3. Present worker of latest agency listed on the case indicated a long record concerning F's various charges and imprisonments. A court letter filed in their folder indicates a list as follows over a period of seventeen years: charge of burglary—in reformatory; carrying a concealed weapon—three years imprisonment; admitted robbery—in prison a number of years; assault and rape—imprisonment, after which acquitted, sent to prison for violation of parole; a further violation of parole followed by imprisonment but record not specific concerning this violation; presumably on parole at the present time. Agency worker has seen very little of F over the past year because he is always in bed when W calls. His wife seems indulgent toward him and explains that her husband has been up late and needs rest. He has blamed his present record upon "bad company." M has a cardiac complaint and is being treated at a hospital. A hospital letter cited William as having "rheumatic heart disease" and being "undernourished, underdeveloped, underweight." School report indicated that he

began kindergarten at the age of four and a half but was later discharged. He spent two full terms in kindergarten, entering first grade at the age of six. He repeated first grade and has attended three schools.

1/10. Visited school. The teacher is a young, friendly person who shows an exceptional interest in her children. The teacher has had William since the beginning of the term. He does little work and his most outstanding characteristic is constant fibbing. He gives little alibis whenever he neglects his work or is caught in mischief. When confronted with the facts, "he just opens his eyes and stares at you innocently." Recently he brought a note of excuse from home, purported to be signed by his mother. For some time he insisted stoutly that it was not his own signature. When M was called to school, she declared that the child was always lying and she couldn't do a thing with him. Pt fiddles away at his desk and does a good deal of poking at other children but it is only in the halls or the schoolyard that he is a serious behavior problem. Little scraps occur frequently and it is always Pt who gets hurt. He doesn't cry and never seems to mind; apparently he gets a good deal of attention this way. The child is believed normally bright. There are no special disabilities, but because of his inattentiveness and lack of effort he makes little or no progress. Last term, teacher gave a similar report. She added that whenever patient got a minor cut or bruise, he would ask to go to the school nurse. She felt this unusual in a child so young.

1/13. Worker called at the home. It is a ramshackle building in a crowded, run-down district. M answered the door in partly clothed condition and was obviously suspicious until worker's identity was established. Worker found three children in the apartment, including the older brother. F was in bed in a nearby room. M said she would like very much to come to the office and called out to her husband to get him to second her interest. F, however, merely yelled gruffly, "What do you want?" and made no further reply to her questions. M commenced to talk freely in front of Pt, indicating that she did not know what to do with him, that he "goes wild" on the street, that she cannot allow him to go to the club across the road because he might get into trouble. She referred to the child's cardiac condition, indicating that this was severe. Since Pt was listening to the conversation worker ended the interview and arranged for office appointment. As worker was leaving, F entered the room and was clearly suspicious and hostile. He agreed that he would come to the office at a later date, but expressed no direct interest in the study.

1/14. M at office by appointment. She is a small, girlish-looking person, pale but attractive in appearance. She seemed friendly; her manner was at

times ingratiating. There was little evidence of tension, and very little affect evident during the interview. She explained that she had been receiving treatment for some time at the hospital, mostly for her cardiac trouble, but lately for swollen neck glands. She commented that she is now postponing checkup because she is afraid they might find something serious. She feels that she has been fairly well the past couple of years.

M began by saying that Pt is the sort of child you have to watch all the time. He always has been hyperactive and mischievous. For the past year, he has been harder to handle than ever before. He seems to have become "fresh" and ready to do things behind her back. M would ask him, "What's happened to you all of a sudden?" He would say, "Oh, I'm going to get A today." M would reply, "I'll see." She feels that she has to check closely and sometimes she lays traps for him. She will say, "What were you doing at the noon hour today to get into such trouble?" Then Pt will confess he got into a fight. M feels this result justifies her tactics. She will say, "Did you ever hear of eyes in the back of the head?" and indicates that this is how she watches him. She has to watch him out the window and sometimes catches him going the wrong way. "I always worry when I can't watch him."

She is especially anxious lest he get hurt on the street. M explains that she has always been afraid of street accidents. Pt is so wild, "and doesn't know what danger is." He shows no care of street traffic and was seriously hurt by collision with a bicycle when he was six. That same year he fell and hurt his head. There was a large bump which was sore for a long time afterward. (No examination.) Later he ran into a concrete pillar while being chased by a playmate and was sent to the hospital. "You get the idea how wild he is." The other day, she saw him jumping over a hydrant; it was too high and he obviously hurt his genitals. Yet he did the same thing immediately afterwards and hurt himself again. When he was small, he would climb high railings and his brother had to go up to rescue him. She has always been afraid he would get killed this way. M says that her anxiety is carried over into her dreams. Often she has dreamed he is in some dangerous position, about to be hurt. For instance, she dreamed he was at the top of a tall flagpole and she was unable to get him down. In another dream, he was drowned.

M has two desires for William: First, that he would be good and get along well in school; second, that he wouldn't tell lies. The business of telling lies has been noticed chiefly for the past year. He always blames everyone else or circumstances. M lets him realize that she is not to be taken in easily. "I listen to both sides and see if he is right. He's a little fox—you can see there's a little devil in him." M believes she disciplines Pt chiefly by reasoning with him. However, when he sticks to his lies or shows any mild display of temper, M is apt to lose her temper and give

him several cracks. She is sure, however, that the only methods by which she can make any impression upon the child are, first, deprivation of TV, and second, deprivation of kisses. M explains that Pt is especially dependent upon his good-night kiss from her and when she withholds this and tells him that she could only love him and kiss him if he is good, he will cry. Twice, M referred to threatening Pt with loss of love and institutional placement if he would not be good. Sometimes he will ask her anxiously, "Mama, are you mad?" Her reply usually involves a threat. Pt's lying appeared to be exclusively defensive in nature. There was no indication of any tendency to fantasy type lying.

Pt has had a good deal of illness. "He was in a rush to get born—just like him." He was sickly as an infant and spent much of the first year in a hospital because of digestive difficulty. He was very small and thin. The difficulty continued until the age of two, when he picked up considerably in health. He started talking about two years of age and walked at sixteen months. M remembers that the child stumbled a good deal. Twice, while very small, he fell off the potty and was badly frightened.

Patient has always been a restless sleeper, tossing all over the bed. He slept with M until the age of six. "I never knew where I'd get kicked next." For several years he has slept with older half-brother, and the same difficulty continues. There have never been any night fears. As far as M could recall, he was outstandingly fearless in connection with darkness, being alone, etc. He has never had frightening dreams, but occasionally he will tell M he has had a very exciting dream. One recurrent dream is that Pt and M are lost together in the park until older brother finds them and leads them out.

M was alone with the patient for the first four years. "We were like kids together—he was my heart and soul." When patient was four, his brother, who had been living with an uncle, came to join the family. M remembers that Pt showed signs of jealousy at that time. Then about a year ago, F returned from prison. M seemed to be considering for the first time that there may have been a feeling of jealousy on Pt's part here. She remembers that he would stare at F as though he were an interloper. She said that the child certainly had been harder to manage since that time. M was first married to another man. She had two children by him, one of whom died while young. Her husband deserted her, leaving her to support Pt's brother. She believed all men were "cads" and determined that she would never marry again. However, F came along. (Mother lowered her eyes and showed a little embarrassment at this point.)

Although she was not specific, one gathered that her husband had been taken to prison shortly after the marriage. M feels that he made a mistake and she could forgive him for this. Her whole attitude was one of tolerance towards him. M was frightfully worried while her husband was away and

missed him greatly. She knows she got badly run down in health and thinks this was partly because she felt so much anxiety about him. She visited him as often as possible and he was always asking, "How's the baby?" M would take Pt to see F from time to time and F always loved to see him. She had told Pt constantly that his father was ill and believes this explanation has been accepted. Only once in a while has Pt showed skepticism; he asked why there were bars if it was only a hospital. M told him that F was so sick, he might do something to himself if not protected in this way; she hopes the child accepted this. When M learned that F was coming out, "I was so happy and enthused, I just seemed to get all better again." She showed a desire to have her husband experience some real home life after his years of hardship. She knows he is irritable and stern toward the children, but can excuse this. He often stays out very late at night but this also she can understand and forgive because he was separated so long from his pals and wants to see them now. He drinks a little, "mostly beer." M feels this is all right and assures worker he is never abusive. On F's return, he accused her of having spoiled Pt. He calls her a softy. F thinks Pt should be made to mind. He rarely punishes him physically but demands that the child be deprived of all pleasures whenever he is bad. M doesn't agree with this because it doesn't work. Pt doesn't mind when he is kept in. In general, Pt has little to do with F, although when F is there and is in a good mood, he will try to "chum up" with him. A few times M has noticed that Pt tries to be playful; for instance the other day he remarked facetiously concerning the funny noise F was making washing his face. F was defensive and demanded to know what there was funny in that. Almost every day after school F demands an account from Pt concerning how he has got along at school that day. He scolds him severely whenever there is a bad mark. Both parents try to coach the boy. M seemed to question whether this was of much value.

M had a rather deprived early life. Her mother died when she was three, and M had no recollection of her. She was taken to live in the home of her maternal grandmother and though the latter was not unkind, she was busy and had children of her own to look after, so that M did not feel as though she really belonged. M was the youngest of five, the older ones being placed in an institution. Her grandfather died when M was thirteen. She spoke of him as all right, but indicated that her memories of him were chiefly of times when he was too busy to give any time to her. Suddenly M commented, "That's why I've tried to give William everything he needs."

M knows very little of her husband's background. She said she wanted worker to talk with him, indicating that perhaps this would help him understand the child better and be less "stern" in his attitude. However,

she expressed doubt whether he would be willing to make the trip to the office.

1/21. F brought Pt to the office. F is obviously defensive; his eyes shift constantly during the interview. There is a perceptible limp in walking. F states that Pt's problems are first, constant fighting with other children, and second, poor school work. He said that the child's shoes were completely worn out and he has had to keep him out of school for the past couple of days. He is not so concerned about the fibbing, believing this will be overcome as the child grows older.

As the interview progressed, however, F clearly showed extreme anxiety concerning Pt's frequent accidents and he became quite upset as he talked of this. As soon as F returned home over a year ago, he began to follow Pt to school at a distance to make sure the child would not get hurt. He has continued to do this on and off ever since. He referred to the accidents mentioned by M, the two serious ones having been while F was away. He saw that the child had no fear and seemed to want to do daring things such as swinging on gates and climbing high fences. "It was just like danger would draw him." Twice, for instance, Pt had crawled inside the shaft of the dumbwaiter of their apartment building. The lift is moving up and down much of the time and obviously the child might have been struck or might have been crushed as a result of the breaking of old ropes. F was excited as he described this danger and indicated bewilderment that Pt should do it a second time after being warned and scolded by F.

Suddenly F stated, "Now I'm going to be frank with you." Whereupon he told of an accident which occurred when he was eight years old, necessitating the amputation of all the toes on his left foot. "It crippled me. I don't want my son to get crippled like me!" He described how he watches Pt closely to guard against any possible accident, yet the child is always getting into dangerous situations. For the past year he has straightened the child's limbs while he is asleep, hoping in this way to teach him the correct posture in sleeping. He wants him to grow straight and strong.

F believes his wife is too lenient with the child, though he adds that he is not sure of this. She rarely hits him and never severely. F said he, himself, seldom gave the child more than a few hard slaps on rare occasions when he needed it, though at times he inadvertently referred to "hitting and licking him." F follows the method of deprivation. His description of this tallied with M's. The child is confined to the house for as long as two weeks as punishment. F is perplexed that Pt never seems to mind; he just plays contentedly about the apartment. Pt is always doing things for M. Whenever she is away even for a few hours, he shows anxiety and begs F to tell him where she has gone. F usually refuses to tell him. "I'm training him so that he won't take on if she has to go to the hospital."

F says he doesn't know how they would get along if he did not keep on borrowing from his old pals. He feels justified because many of these people owe him a lot of money from the old days. F has worked as a factory worker; however, he can get no jobs now. He spends hours on end sitting on benches at the employment bureau. F remarked cynically that people did not seem to want to employ him. (His reference to prison record was obvious.)

F seemed to have a rather tolerant attitude toward patient's brother. He described the boy as doing well at school and always studying his lessons properly. There is a fair amount of squabbling between brother and patient, but they never actually fight. "I'd bust his brains out if he touched the kid." However, F seemed to realize that Pt resisted brother's supervision and quarreled readily. F thinks they are both to blame. F is concerned because Pt never shows how he feels when scolded or punished. "He just looks at you and sometimes he has those big false tears—at least I think they're false." He doesn't believe the child is sensitive. He stated emphatically that Pt was not affectionate at all. F would not care to have Pt attend camp because he is sure to get hurt. F feels he must be supervised closely all the time. In leaving, F was anxious to be assured that someone would guard the boy during his entire period at this office.

1/21: Psychiatric examination. This child appeared somewhat wan and thin, an impression enhanced by the extreme blueness and largeness of his eyes. He was invited to give his spontaneous story about his troubles and responded at first by saying, "I have none." It was then suggested that perhaps he had trouble with some people, to which he nodded, and then said, "I don't like—I like everybody." When asked about his relationship to teachers and children, he insisted that their relationships were satisfactory even though he fought with the children. He said, "Yeah. They get me mad. They say things I don't like." Apparently the children gang up on him. He told of an incident in which he was held by one boy while another punched him. He said he had the most trouble with boys. He explained that he did not like to fight but that his neighborhood was a tough one and that one had to fight.

He insisted that his work in school was satisfactory and added, "I'm just poor in arithmetic." He likes school, is helped by the mother and brother with his work at home, to which he has no conscious objection whatsoever. When he makes an error, M will just say to him, "Think." "She says this because I just say anything. I want them to help me and they do. My father doesn't usually help." He agreed that he had trouble with M about school, usually about his work. "She hollers and tells me to be good in school and if I get a D in arithmetic, D in spelling, and C in work, if I get all bad ones, she hollers and hits me a little. She puts

me across her knee and does it with her hand." (Does it hurt?) "Uh huh." When asked if he became angry, he responded without any show of feeling, "No, it's my own fault. I feel better after the whipping to have it all over with. If I do something very bad and she doesn't want to hit me, she keeps the TV away from me." He again denied any hostility because of the deprivation saying, "I never get mad at my mother, my father, and my brother." He stated that M tells him that she does not love him sometimes but he does not believe her. He said, "It isn't true. She wouldn't send me away from her." He denied trouble with F, saying simply, "He hollers if I'm bad. He spansks me the same way my mother does. It's about the same. I don't get angry at him either." At this point he saw the paper knife in its sheath on the table and inquired, "What's that for?" When told it was a paper knife to open letters he remarked, "It could kill somebody." (What do you like to make believe about knives?) "That I'm a cop. I make believe I get shot. I got a rubber knife at home and I go like this to myself." (Points knife at right side.) I inquired how he felt. "I feel like I'm dead. I'm a cop. I got stabbed by some other gangster. Once in a while I play with my brother. I'm a bandit and so is he and we're robbing a bank or a store." In response to direct question he agreed that sometimes he played the more aggressive role of cop stabbing bandits and shooting them.

In the dark he fears that people are coming in. "I'm afraid of gangsters or robbers. They might come in and hurt me. Every time I hear a little noise, my heart almost jumps out of me. Once my brother was sleeping alone and he heard my mother's pocketbook drop in my mother's and father's bedroom and his heart almost went some place. Anybody is scared if they hear something like this." He fears that the gangster will come from the parents' bedroom. He bases this upon the fact that the fire escape exit is through their bedroom window. He is also apprehensive that these robbers will injure the brother, mother, and father, "mostly my mother and then my brother and father." "Here's something else I'm afraid of—tigers, wolves, rattlesnakes—a big long one—and foxes." I asked what he imagined and he said, "I'm afraid they might eat me up when I see them." However, these fears only occur when he sees the animals and not during the night. He added, "I just get afraid when I'm left alone, when my brother and mother go to the store. Gangsters might kill me, stab or shoot me so I wouldn't go to the police. That's why they kill the people. I'm afraid bugs will come on me—cockroaches, mice, or rats. They would give me some kind of poison and probably kill me. I'm also afraid for my family."

He said M preferred him and then, in turn, the father and brother. He felt that he was also the father's favorite, the mother being second and the brother third. He laughed and remarked, "It seems that my

brother is the last one." I inquired directly, "Do you get jealous of him?" and he replied, "Uh huh. He does a lot for my mother and he goes some place and I don't go. He gets more than me sometimes. He does more for her than I can because he's bigger." He denied nightmares. He lies awake about two hours at night and explained it by saying, "My mind keeps on saying different things. It doesn't want to go to sleep. I think of what's going to happen tomorrow." He also has obsessional daydreams which he attempts to banish but is unsuccessful in doing so. "I wonder if anybody is going to kill somebody else or rob them. Oh yeah, in one I was in a war and there was a bandit got on our side of the land. I was looking through a pipe. I said I wondered what it felt like to get shot with a gun and die. Then the bandit shot through the pipe and hit me right here (chest). Then I said 'Now I know what it feels like to be shot with a gun.' I want to go to sleep and I can't. I want my mind to go blank but it won't."

In order to bring out any hostility he might have he was asked how he got even with people and his response was interesting. He explained that if someone causes him an injury of any kind, he would pay it back even if it took two months to do it, but at the end of his explanation he immediately reassured the writer that that did not apply to the family. Inquiry was directed toward F and he explained that F had been away for a long time in the hospital. He then said it was nice to have him home. "Before only me and my mother were there. My brother was away in the country. I was happy with my mother, but I was happier when my brother came and happier yet when my father came. When my father came my mother couldn't play with me any more because she had to do things for him." I inquired if he liked that. He smiled and said, "No."

Compulsions were denied. His wishes were: (1) a flashlight to see in the dark, (2) a knife, and (3) a gun and club. With regard to these, he commented, "In case anybody comes in; in case they want to hurt me." Then, with considerable feeling, he added, "Why should I let them get away with that? Nobody would let them get away with hurting his mother." Inquiry was then directed toward frustrations. He at first said nothing. He was asked directly if M had many fears about him. He said, "She's afraid I might get hurt. She's also afraid about my brother and father too." At this point the interview was terminated and he walked half way to the door. He turned around, came back, put both knives in their sheaths, and returned the larger one to the drawer saying, "Somebody might get hurt."

Interpretation. This is an extremely complex case. In the first place F is, in all probability, a psychopathic individual. He has shown recidivistic tendencies. He is extremely embittered because of the accident he sustained as a child, and has attached himself to this boy on an identification

basis which is undoubtedly the cause of many of his anxieties about him, particularly of the fear of accident and his pressure for academic success. It is highly probable that this man is quite egocentric. M, although capable of giving considerable affection, is highly neurotic, and plays into F's symptoms by complementing them with neurotic fears. She has frequent dreams of the death of the child and although he has had a number of accidents, it is questionable whether these are really beyond the range of normality. However, the rationalization is easily made because of the boy's impulsiveness. Both parents are meeting this by restricting the child's activities. This results in marked frustration and obviously inflation of terrific hostility which the boy is not able to cope with. One of the outstanding features in the case is the complete suppression of the very obvious hatred against the members of his family, which is finding some discharge at the present time through the school situation and his relationship with other children. The boy is really quite ill, and the misbehavior in school is operating as a safety valve. I believe that we have to be very careful in this case not to put too great pressure on the boy in the attempt to suppress these minor behavior manifestations. The treatment should involve attempts to modify the parental anxieties as much as is possible. It is recognized that need for relationship with other children and a chance to work out some of his difficulties in play activity and the need of the parents to be secure against their own anxiety might possibly be met by a supervised play group. With regard to the boy himself, the problem is also severe. He shows phobias, obsessive thoughts which induce insomnia, marked masochism, and repression of hostility to a degree whereby it may be a serious later implication. Direct therapy might be of some value to this boy but I would not attempt it unless the home is capable of some change. I think this should be tried first.

Impression: Obsessional psychoneurosis; phobias, obsessions, initial insomnia, marked masochism with some schizoid features particularly with regard to marked splitting off of affect from the home situation, and some paranoid tendencies in the handling of phobic material.

1/29. At the request of worker from agency active with the family a conference was held at their office. Last year question of divorce was discussed. Both parents described as being keenly sensitive that their present relationship has not been legalized.

1/29. Parents in for interview. They seemed congenial in the waiting room. M was apparently sincere in her interest in Pt's problem and her desire to obtain help. She indicated, in agreement with the worker, that not only at school but at home there was tremendous emphasis placed upon Pt's low achievement, so that the child must have this on his mind

all the time. She said she didn't see anything else to do but to keep on urging him to try harder. Worker brought out how much better it would be to have a tutor skilled in handling such handicapped children than to continue with the home coaching. M agreed and asked whether worker would take this up with her husband and try to get him to accept it. During discussion of Pt's reaction at home to scolding or to threats of loss of love, such as placement, M responded well, showing that she realized the import. She seemed definitely to accept the idea that repression of natural angry feelings was very unhealthy for William. She wants her husband to understand because it's hard for her to explain to him. M cited an incident where Pt took out his anger at his brother by biting F's coat which was hanging nearby. M agreed with the idea of YMCA, if husband could be assured Pt would be looked after there. In general the impression was that M was quite dependent upon F's decision in these matters, fearing to go against his wishes.

Later: F was more friendly and at ease during this interview than when seen formerly. He seemed very much in earnest in talking about his son. Response to school recommendations similar to M's. If tutor could give boy special help, F would be very pleased. He seemed very much hesitant over the matter of travel and when this had apparently been settled to F's satisfaction, he suddenly remarked, "He might get run over in the gutter—he has to be watched—I don't want him to get killed." Several times he interpolated comments of this sort. Again he mentioned that recently Pt had thrown a stone at another boy and almost hit him—"he might have put his eye out." When elaborating on this he expressed rather clearly his fear that Pt might develop habits of attacking other children. He is very anxious lest son might "go wrong" some time. Discussion about these anxieties followed. At present, F thinks he is most afraid Pt will have an accident, and in this connection he referred to his own accident. F said, however, that he wanted the boy to grow up to be healthy and "like other boys," and he seemed to realize that the degree of supervision and repression involved in their present handling of him is endangering such a development. F justified the restrictions on the basis of needed punishment, used only when Pt did something especially dangerous or wrong. "I don't want him crippled—he might get crippled, you know." Worker brought in the suggestion of YMCA membership. F finally said he felt that would be a good way to give Pt a chance to play with other boys where there were older men to supervise, and he and his wife could control his attendance.

F mentioned that "the kid" could be pretty nice sometimes. Worker asked him if he ever played with the child and wondered whether he might not like to "pal" with him sometimes. F looked surprised and laughed in an embarrassed way. "I never thought of it like that—whether

we could." Worker indicated that it meant a good deal to the child to have his father give him some time either in the house or perhaps to go for a walk with him occasionally. F said that he had not done that for a long time. F spent some time talking of his difficulty in obtaining employment.

2/6. M at office. The first part of the interview was given over to a discussion of M's health problems. There is always a lot of trouble with bowel movements and quite regularly M faints at the toilet. Sometimes F comes to revive her, sometimes the children notice that she has "passed out" and call F to come. She has queer cramps which she cannot account for. M feels that F tried very hard to be different to Pt following visit here and really allowed the boy to do a lot more things for the first few days. Neither parent has coached Pt. However, it's all spoiled now, M feels. The day before yesterday Pt ran into the gutter where he had no business to be and his brother saw him and told M. Somehow F found out. He declared Pt must stay in the house after school "from now on." He didn't scold the child much, but was furious with M, blaming her for trying to hide things from him.

Worker inquired concerning F's reaction to interview here. He said he thought advice was good. However, he commented, "I'll try to do what she says, but if anything happens to that kid, *I'll tell her!*" M made a solemn face and shrugged. Throughout interview M tended to put the responsibility upon her husband. The teacher sent home the first good report card Pt has ever had. M and F were both very pleased. They both praised him and Pt was quite tickled.

2/20. M at office. She was pale, sick looking, and coughed badly throughout the interview. She brought William with her for a routine check-up with pediatrician. Pt was re-examined and continued care at cardiac clinic was recommended. Pt twice asked anxiously where M would be while away from him, when she would return, was worker sure she would wait for him. M talked angrily of F's handling of Pt for some time. She feels he is very inconsistent; he wants the child to grow up, yet he keeps him in and won't let him play with other boys to toughen him at all. At one point while M was protesting against F's critical attitude toward her, she wept convulsively. She said it was so hard to bring William up right when all the time it seemed a fight with her husband. He blames her for everything. As M was leaving she told worker of Pt's eager desire to come here.

2/28. F at office by appointment. He maintained an attitude of seeming cooperation during the early part. Anxiety on F's part continued to be indicated as heretofore. Although he had asked for tutoring and treatment

here in the early part of the interview, when worker suggested it might be a good plan to postpone consideration of this until September, F's relief was obvious. He tended to put responsibility for this negative decision on worker, and it was clear he did not wish to face his own withdrawal from the treatment program. F, however, insisted that he wanted the Y for Pt. He also stated emphatically that he wished us to procure camp placement for Pt.

3/5. Interview with teacher. Teacher was amazed to learn of restrictions imposed by parents and of the long coaching. Pt is as restless as ever and pokes children on the sly a good deal of the time. Teacher will give Pt as much individual help as she can.

F at office by appointment. He began by saying that Pt was really getting along well at school for the first time. He has brought home several good marks "and now he's a monitor!" F was obviously delighted about this. Never before has Pt had good reports from school. F has been letting Pt play out a little more. "I want to do it gradual." As he continued he seemed to become freer in talking of the child, "He comes to me now—he comes and tells me things." One gathered that F was really getting satisfaction from it. He seemed very friendly on leaving.

April. Worker visited school and talked with the assistant principal. She told worker she felt Pt was getting along better in class, that the restless behavior seemed to have lessened, and she was impressed by his response to teacher's effort to give him a lot of individual attention. There was one interview with M who thinks things are going better between F and Pt lately. He went to the Y after last visit here, was shown over the building and returned, stating that he was quite satisfied with the place. F had a small job and there seemed to be a possibility that more work would be forthcoming.

July. Worker conferred with psychiatrist. It was considered that there had been a fair degree of response from parents and that there were definite signs of improvement in their handling of the child. F still feels a tremendous fear that something will happen to his son, and we understand more clearly now the basis of this fear. It would be most unwise to consider direct treatment for the child at this point in view of F's attitude. It was felt wisest to continue the present approach, seeing the family occasionally and keeping in touch with the school.

September. Worker interviewed William's teacher. His work has been picking up.

February. William's school principal said she thought William had improved tremendously. She commented, "Why, he's never any trouble now." She said she noticed that he got along better with other children; the quarrelsomeness had dropped out a good deal. The dispensary too reported it was felt William had "improved almost one-hundred percent physically." Although his cardiac classification has not changed, he is much better from the standpoint of general nutrition. It was also mentioned that William seemed to be happier.

August. General adjustment appeared improved. M reported continued improvement in relationship between F and Pt. Child is no longer restricted as formerly, and F often talks to him in friendly, almost playful way. Evidently child is still afraid of F but acts with more assurance and spontaneously brings details of school happenings to him for approval. William had enjoyed the suggested play school in summer although he did not exercise in competitive games.

February-March. M complained of increasing ill feeling. F had tried a number of different employment openings, but had been turned down each time and seemed quite depressed. M was worried about her own medical needs but kept putting off returning for further medical examination.

May. School principal brought up question of William. His attendance has been quite irregular for the past couple months and excuses sent by M seemed rather flimsy. Once at school M referred to a feeling of unhappiness at home. She made curious comment that her husband objected to her "boy friends." Principal also stated that William, in speaking of his father, made a gesture of revulsion as though he scorned him. Such a tendency in the child has not been observed before.

September. Community agency worker has found William responsive. She feels they may be able to work with him a little. It was stated that M maintained a casual attitude toward contact with their office and they questioned whether their relationship with her was at all satisfactory. She is very unhappy with her husband and there seems a lot of conflict in marital situation. William is a full year below his present grade placement and greatly below capacity.

February. Principal explained that in spite of some improvement in William in response to tutoring, his attendance has been so poor, his restlessness so marked, and above all the home cooperation, she felt, so poor that it seemed inadvisable to promote him. Recently, however, he has quieted down a good deal, which principal felt was largely due to the

influence of the present teacher. Principal was quite concerned over M's changed attitude towards school staff members, tendency to project blame on the school. She would keep William late, sending him on errands, or would permit absence with no excuse offered, and when questioned would seem quite defensive.

March. Agency worker telephoned. She stated that over the past four or five months there had been a very intensive contact and they felt a much more satisfactory relationship with M. However, the family situation is seriously upset, and M is now trying to decide whether to leave her husband. F has been extremely difficult, resisting attempts for interview and making little use of employment help they have offered. He has been repressive in his handling of William and recently beat the boy so severely that the child's finger was broken and required emergency treatment at hospital. M seems unable to handle her husband and much of the time is spent quarreling. The agency has just had a conference on case and have decided that William has little chance of making an adjustment while present situation continues. They hope to work through some sort of separation between husband and wife and are now endeavoring to contact F concerning this. They also feel that William very badly needs direct treatment and have brought up question whether our office might accept the child for this in near future.

April. Agency reported that F was arrested for vagrancy. He threatened to kill M several times, and M feared that he would carry out this threat. Pt's brother said he would kill his stepfather if he attacked M. M and the two children left to find rooms elsewhere. F chased them, but evidently they made their getaway. He is now in psychiatric hospital. Agency understands that F is "strongly aggressive with paranoid trends." Three years after opening of case, *case closed*.

Four years after case opening. M referred to William as getting "big and fat." Attending public school in new locality. No problems indicated with child. General impression that family atmosphere was improved now that F was out of the home.

Seven years after case opening. A welfare worker telephoned. M is in need of further medical care. She returned to enter hospital here. Applied for placement of William. Home conditions very bad. M in a furnished room. The worker thinks placement will not be necessary as a relative will

take the boy. However, school arrangements must be made. Welfare will close case.

ADULT OUTCOME

Entered service at age twenty. He was formerly rejected because of "heart and kidney trouble." Also on one occasion psychiatric clearance was not given, the psychiatrist classifying Pt as emotionally immature. Pt "thought the service would do me some good." It is also significant that he did not have a job at the time.

Report of psychiatric examination. Pt was sent to us following recurrent absences without permission. At the time of examination, he was under confinement. Pt's story is as follows: He was granted a five-day leave because of his grandmother's death. Pt had just returned when he again departed for home because his mother was ill. Apparently Pt was so emotionally disturbed that he did not find time to get to his unit and request another furlough. However, Pt did contact Red Cross and while at home reported to a local base daily for a twenty-four hour pass and in expectation of receiving return orders.

Family history. Pt does not hesitate to state that his mother and father were not happily married. He claims that F has been dead some five or six years. M had been married before. Her first husband was unfaithful and so she remarried without the formality of a divorce. When we queried Pt about F, he said emphatically that F never worked and that M received home relief support. F was "supposed to be" an auto mechanic. He would occasionally win some money gambling. He was also in prison. The Pt remembers visiting F in jail when he was four years old.

There is no doubting the fact that this man hates his father. His reason for such feelings is that F threatened to mutilate M's face with boiling coffee and a can opener. This threat occurred when the F realized that his wife was on the verge of sneaking off with the children. According to Pt, M and her two boys did finally escape when Pt was about eleven years old. It was some two years after this when F died in an automobile accident. Pt says, "They said he stole that car, too." Pt confesses a great deal of love for cars and likens himself to F in this respect.

Pt says that F deliberately forced him to be absent from school for one week because he simply wanted to be nasty. Our recruit did not particularly care for this idea, because although he disliked school, he preferred not to be sent to a reform school.

Education. Pt went as far as sixth grade, but he tells everyone that he finished the ninth grade. He was perpetually in the retarded class. He is frank when he says that he did not care for school. He asserts, however, that he did not "play hookey" as much as he formulated excuses. He had

no qualms about telling us that many teachers told his mother that he "would wind up in the electric chair" before he was twenty-one.

Psychosexual. Pt became cognizant of sex differences at ten or eleven years of age. Masturbation first occurred at eight years of age. The practice ceased after marriage, but when away from his wife it starts again.

Our Pt had his first date when he was about thirteen. He says, "I took her to a cheap movie at that." He can dance very well with his mother, but he cannot dance with his wife. He claims that he really does not know how to dance. Asked whether he had intercourse with his wife before marriage, he hesitantly replied, "Yes."

Additional data. As our interview rolled on, Pt finally told us that his great love for his mother found its basis actually in pity. He feels sorry for her because she is going blind, he thinks she is going "crazy," and he is convinced also that "she is rotting from the inside."

Jail. Never booked. He has been picked up several times. He and his friend would steal trucks, race them around, and then return them. He did this just for the devilment involved and "for the fun of having the State Troopers chase us."

Mental status. Pt was continually scribbling during our interview. He is preoccupied with a definite desire to get out of the service, love for his wife which is extremely jealous, and hatred of his father. His stream of talk was easy and free-flowing. Mood and affect were congruous. Sensorium is intact. Memory hovers between fair and poor. Intellectual ability slight. Judgment is good. Calculation is admittedly pathetic. General fund of information was very meager.

Diagnosis. Asocial personality, chronic, moderately severe, the result of a pronounced degree of emotional immaturity and a really poor family background.

Recommendation. Though we do not care to predict the magnitude of his future psychiatric imbalance, we can unqualifyingly state that it would be advantageous to the service to discharge this man by administrative channels as quickly as possible.

Pt was given an undesirable discharge.



Howard

REASON FOR REFERRAL

School is threatening to expel the boy. He is causing considerable disturbance among the younger children in the family. Mother and school are at wit's end. Stealing, lying, and sex misbehavior. Insists on using girls' washroom in school. Reads obscene literature. Sex misbehavior with little brother, lifts girls' dresses up on the street. Mooches people for money. Dislikes school a great deal, placed in ungraded room, reads well but poor in other subjects.

REFERRED BY

Mother, through school.

PERSONAL DATA

Age eight years, four months. Third grade. Two younger siblings in the home; lives with parents. Was in foster home from infancy to age five. Parents then married and established a home. Economic conditions poor. SSI: seven. IQ 83.

5/2: *Social history.* Mother is a quite unprepossessing, poorly dressed person, rather calm in the midst of the great activity of the three children she had brought. The children were extremely difficult—noisy, roaming about, crying, and generally creating confusion. They interrupted the interview numerous times.

M seems rather dull and has little understanding of Howard's behavior but says he wears her out. Father is quite anxious to have the child placed for the summer and mother seems to concur in this. She does not want Howard to "grow up a bum," but does not seem overanxious although tired out and nervous trying to handle the difficulties arising. There has been difficulty in school ever since the first grade. Pt will not

obey, does not want to cooperate with the teachers. When scolded he sulks. Recently when being helped at the blackboard by a boy he hit him in the face. When asked to do something he says, "I won't." He always wants to use the girls' washroom. He tells the teacher nasty things. He makes up fantastic tales such as that "he is beat up every day" at home, that "he never has anything to eat." The school sent an investigator to the home to find out what the situation was. M refers to the school situation constantly. She said the school should not allow such behavior. In April Pt was sent to the ungraded room. M believes "he is sliding down in his work" since then. He has always found it hard to learn, however.

Beginning at the age of ten months Pt was in a foster home for five years. M said she could not take care of him. The foster parents were very good to him, according to M, but let him have his own way. M seems to blame much of his difficulty on their methods of handling him. Also she said the sudden change to her own home was hard for Pt to get used to.

Howard is quite boastful. For example, he says that he is in sixth grade. He tells the same kinds of stories "about all sorts of things." He has done a lot of lying. Once he told the neighbors that M and F were dead and there was nothing to eat in the house. The neighbors were quite concerned and came over to find out about it. M said he "creates more fantastic tales" and is always causing trouble. M said he does not obey very well.

Pt sucked his fingers until he was seven years old. He wets the bed about three times a week. In the foster home he was always messing in his pants and apparently still does this.

Howard steals things. Once he collected fifty pens and pencils. F took these back to the school. At another time he took newspapers from the neighbors. M has tried many kinds of punishment but mostly that of depriving him of what he wants or likes to do. Punishments have no effect. He says, "I don't care."

Howard particularly likes to play with younger children of three and four years of age. "They seem to have a fascination for him." Howard and his brother sleep together. M has found patient playing with his brother's genitals. She said this was frequent. Also he handles his other brother's "all the time." If he is not playing with theirs he is "playing with himself." He frequently lifts the dresses of little girls. Both the school and the neighbors have complained of this. When asked why he does this he says, "I like to do it." M was very free in talking of these activities but immediately after doing so reiterated she does not want Pt "to grow up a bum."

Pt also likes to dress up in girls' clothes. M spoke of this as part of his desire to "show off." F says he should have been a girl.

M said he is a great show-off. Not long ago she found him on the

street corner with a crowd of people around. He was dancing for pennies. M thinks he often begs in this way and enjoys it. He loves to dance.

F would like to have Pt placed in school for the summer and M wishes this, too, but parents seem to have no thought of placement for punishment. In leaving, M spoke of how much she likes children. Evidently the children's noisy activity is an everyday occurrence, for she did not seem disturbed by this noise and activity.

5/9. Father was rather unkempt. He was dressed in his work clothes. He spoke with a husky voice and poor grammar but with an obvious attempt to be correct. He was friendly and seemed genuinely anxious for us to help him with Howard. He spoke frankly and without embarrassment.

F said that Howard is smart, polite, thoughtful, and everybody likes him. He is a great talker. He seems to have music in his soul and a genuine ability for tap dancing. However, he steals, lies constantly, destroys everything F buys for him, whether it is clothing or toys. He plays with girls only, goes into their washrooms, peeks at them, and neighbors complain that he molests the children. F wonders if Howard has anything the matter with his glands. He thinks that Howard may be part girl.

Howard told F that he learned about sex play when he was in a foster home. He said that his foster parents' daughter, who was several years older than he, used to take him down in the basement and play doctor with him. They would undress each other and engage in sex play. F said that he and M do nothing wrong in front of the children and the children have their own rooms so they cannot see anything between father and mother.

F said that Howard was the same when he was in a foster home, except that the problems were not quite as severe. He used to run away there, too. F feels that the foster mother was the best that could be had but tended to spoil Howard so that now he is jealous of the other children.

F has done everything possible to try to change Howard. First he used to beat him regularly to try to beat it out of him. People told F that that was old fashioned and would do more harm than good so he then tried to make a pal out of Howard. He would take the boy for walks, go fishing with him, go to baseball games, etc., but that did not change his behavior. Now he is trying to deprive him of things which he wants and has been keeping him in after school. Still there is no change. Worker had the impression that F had really been groping to try to make this boy into something he could be proud of. F seemed to have a great need to show that he and M were making a success of their marriage and of the children.

Pregnancy and birth were normal. F did not know much about his early development except that he was healthy. At the present time he eats a

tremendous amount even though he is small. F explained Howard was born out of wedlock and that mother had him for a couple of months and then placed him with a woman for adoption. Something happened to this placement and he was put in a home and then transferred to the agency which placed him. He has been with parents for the last three years.

F earns a good salary in construction, much more than he made formerly. He is proud of the fact and does not want to place the boy in an institution where he would be mistreated or punished. He wants Howard to be put somewhere where they could help him and will do whatever we suggest.

F described M as a hard worker and a slow thinker who lives only for her children. He said she is a "medium good" cook and housekeeper and "just an old fashioned hard worker." F said with some pride that he worked himself up with no help.

5/9: Psychiatric examination. Howard is an alert-appearing, rather affectionate little boy. He told me about some of his boy friends. He was quite responsive throughout the interview until I mentioned that I had heard that he likes to lift little girls' dresses to look underneath. Then he became shy and defensive, told me that such activities constitute a secret with him about which he cannot speak, and added that his boy friend and he play in a sexual way for reasons of their own. Much about the boy's attitude and behavior made one think that he is like a little girl. He seems to be quite intelligent.

He is very jealous of younger sibs. He feels both younger sibs are preferred to him by parents. His envy of children seems to be chiefly responsible for his stealing from other children at school. He says he steals because they have things he wants but doesn't have.

The father is described as a short-tempered man who spansks patient often. The boy prefers M. F plays chiefly with younger children.

He is under domination of two or three aggressive boys in his neighborhood.

Impression. Very insecure boy who shows jealousy of siblings by stealing. Inadequate M has provided only spotty social training for boy. F is impatient and has not helped out much. Boy is in general rather aggressive. He bids for affection not only in stealing but in sexual play with other children.

5/25: Letter from social agency

M was examined three years ago at the request of the juvenile court judge before whom she appeared on charges of contributing to the dependency of her children. Physical and neurological examinations were negative. On psychological examination she was found to have an IQ

of 83. The psychiatric examination revealed no mental disease and she was found not committable either as insane or feeble-minded.

5/25: Letter from school

Howard came here two years ago and was placed in first grade. He has slightly above average intelligence and his school work and grades have been satisfactory to date. He seems interested in his work, especially reading.

His difficulty is his inability to get along with other children and to do what the teacher tells him. He craves attention and praise, and makes a nuisance of himself in getting it. He had been lying and stealing small articles and so was placed in an ungraded class temporarily, where it was hoped the teacher could watch him more carefully, and probably with her knowledge of problem children could prevent any opportunity for such actions. He is interested in dancing and dramatics and is continually performing for the other children. When reprimanded he becomes quite indifferent. He is rather nervous, very thin and overactive.

There are two younger children in the home and it is difficult for M to give Howard the attention he requires. He has been in a foster home where he was the center of interest and he probably cannot adjust himself to the change easily. F is very strict with him.

We have considered the possibility of giving him a double promotion to fourth grade where with more varied interests and activities he would have a feeling of success and attention which he needs and which may improve his behavior.

He is described by teachers as sissified; always wants attention and praise. He was also described as both stubborn and ingratiating. A comment on the socio-economic level of the home is that the economic status seems favorable, but the social level is doubtful.

6/10: Psychiatric interview. This is a friendly, frank boy. He freely admits that his behavior is bad, and he apparently feels discriminated against. He thinks that F and M do not care for him. He preferred the foster home to his own home and made the remark that they got him things he wanted. The parents only get him things he needs. He said, however, that he misbehaved in the foster home too, but they didn't lick him so much. He has tried being good, and then F is nice to him, but at this point he spontaneously says, "If I left and didn't come back, my father wouldn't care." M might care, he says, on questioning. The boy, who looks somewhat feminine, says that he is interested in music and tap dancing, and demonstrates tap dancing. He says F has offered him lessons, but a fourteen-year-old girl teaches him. His ambition is to be a tap dancer when he grows up.

He asked to go to the playroom, and it was necessary to be very firm

with him in order to get him to leave the playroom. His play was very noisy and destructive.

6/10: Interview with F. F is very much concerned about this boy's behavior and wants something done at once. He is apparently hostile toward the boy but is trying to show that he is a good parent by telling of all the material benefits that the boy has had since F has had a better position. F inquired about an operation which might cure this boy, and when this idea was discouraged, he was very insistent that something drastic be done very soon.

6/10: Staff conference. Boy's identifications are feminine. M has been indulgent and F punitive. M verbalizes her negative identification with him.

Boy acts out too much for a foster home unless with a very unusual type of woman who could take it. Camp is not good but may relieve some of home tension. It was felt that ideally this boy might best benefit and best adjust in a treatment type of institution. However, if such a plan is not feasible, the boy should be placed in an understanding foster home where the foster parents would be firm, consistent, and yet interested. The foster parents would need intensive casework service, for they will become easily discouraged in the first months with this boy. After the child is placed, the possibility of a male case worker could be considered.

It was felt that the parents need a period of preparation before placing the child. Since the family has rather strong feelings about social agencies, associating them with some unpleasant experiences, it would be better if a doctor or one of our social workers could prepare the way for placement. F will be more apt to look to clinic as having prestige and not identify it as a social agency of a sort that he has had contact with.

Meanwhile the social agency will go ahead with camp plans for the mother and children and will have their case worker observe this boy.

If placement should prove impossible because of the family's attitude or because of financial obstacles, then an alternate plan, although not a good one, would be case work with the parents. However, to assign a case worker to the boy while he is still in his own home would solve very little of the problem, which has to be attacked at the fundamental source.

6/29. F was interviewed in order to discuss foster home placement. He expresses himself as very willing to have his boy in a foster home and to have this done through the agency with whom he has had previous contacts. He is anxious that this should not go through the juvenile court and is planning to get in touch with the agency.

7/15: *Information from agency.* M was referred here when she was seeking employment at housework, having lost her previous work because of her pregnancy out of wedlock. She was greatly disturbed and sought help in making plans for herself and the coming child. She resisted giving information about herself and it was only after months of contact that we were fully aware of her complicated history. Though several social agencies had known her, the registrations were difficult to trace, since on several occasions she had used an assumed name.

We learned that fifteen years ago M registered at a prenatal clinic. She named the father, known to be married. After being forced to leave home she had lived intermittently with this man. She was reported as being secretive and uncooperative. She stated that she had been most unhappy at home with a father who was apparently brutal and lacking in understanding of his daughter's needs and interests, and a passive mother, with great capacity for punishment, who had never taken her daughter's part and had permitted the father's abuse to drive her away from home. It would seem from records examined subsequently that she gave a fairly accurate picture of her unhappy life at home. She stated that she had completed the eighth grade but was unable to go to high school because of the family's need for support.

A psychiatric clinic, to which she was referred at the time, reported that the doctor had "failed to find any psychiatric explanation of her behavior. At that time he thought it a reaction to her home situation and overdomination of her father."

After the child's birth, she followed the father of the child to another state where he later deserted her. The child died and she returned. A second child was born at a hospital where she registered under an assumed name. She stated that this child was given in adoption but it has never been possible to verify this.

Four years later she gave birth to Pt. Since they thought her a married woman, no social history was taken. It developed that F, twelve years her senior, and at that time married, had befriended her during her first pregnancy. After separating from his wife he lived with M off and on. There was some indication that he was a procurer. On his own admission he would live with M until she became pregnant, either by him or someone else, and then would almost literally throw her out to shift for herself. Various records indicated that she had several miscarriages and abortions, and was almost constantly pregnant during the eleven years of her contact with him before their marriage.

According to the juvenile court record, F put a great deal of pressure on her to give up Pt. She gave Pt to a woman and signed papers consenting to his adoption. She states that she was given the impression that the

matter was settled legally. Actually these papers were never notarized. A policewoman later reported that this woman was neglecting the baby, and the juvenile court gave custody to an adopting agency. Soon thereafter he was placed in a home. All interested agencies lost contact with M and F. It is likely that F threatened M, should she communicate in any way with a social agency, which accounted in part for her extreme reluctance to discuss her situation with any degree of frankness.

M stated that the year after Pt's birth she gave birth to another child in a rooming house. The day after the baby's birth, F took the infant in a car and presumably gave it in adoption. Constantly M reiterated her grief at losing each one of her children and pictured herself as victimized by F.

There was always a question as to the paternity of her next child, with whom she was pregnant at the time of referral. F denied paternity, although after his marriage to her, he was willing to admit paternity in order to avoid cost of adoption proceedings.

This child was born four years after the previous one. In the meantime M had developed a dependent relationship with worker and had confided much of the above information. The juvenile court, learning of her whereabouts, began to press for some permanent plan for Pt. Worker visited M and told her of Howard's placement. She became greatly disturbed and began to talk of having Howard and the new baby with her, also expressing a desire to renew her relationship with F with marriage as her goal.

Worker accompanied M on her first visit to see Howard, then nearly five years old. Our impression was that the foster parents were kind-hearted but overindulgent, and attached to Howard, for whom they had cared since his infancy. Also they maintained that they had been assured that Howard's own parents would never claim him and that he was practically theirs. Howard appeared to be a bright, hyperactive, oversensitive child who was very spoiled, demanding, and a chronic nail biter. For some months M saw him frequently and gradually made it known to him that she was his own mother.

In the meantime we were seeing F at M's request. He impressed us as overbearing, opinionated, unwilling to take responsibility for his behavior toward M, and extremely sadistic towards her. However, M could face no other possibility than to marry him. In our office the couple discussed their plans for marriage minutely. F kept postponing his marriage until he should be financially able to support a family. When our efforts in helping the couple to arrive at some decision had failed, we referred the case to juvenile court. At the hearing, M was sentenced to two weeks in jail on the grounds of contributing to the dependency of Howard. While there, psychological tests were given. M was found to have an intelligence quotient of 83. Under the pressure of the juvenile court (and probably because

M was again pregnant) F married her. The couple established a home at their present address and carried full financial responsibility. Howard was released to them.

Although they requested little financial or other service after their marriage, they occasionally called or came into the office. They both looked forward with a good deal of anticipation to having Howard with them, and F anticipated some difficulty in helping him to adjust to his new home. He said he had never whipped Howard and did not intend doing so. He remembered the beatings he received from his father and would not want Howard to have these memories. He furnished a small room in their new home as a playroom for the boy.

For the first few months that Howard was in the home, things went quite smoothly. Worker, when visiting, observed that while F seemed quite exacting there was no hint of cruelty in his treatment of Howard. The child seemed bright, lively, and happy in his new home.

Howard's difficulties developed rather rapidly as soon as he entered school. He was reported as doing well in his studies but poorly in deportment. F was most annoyed by the fact that he seemed more like a girl than a boy. He accounted for this by the fact that in the home Howard played almost entirely with girls. F told of "cracking down on him" for this. He punished him by keeping him indoors.

Two years after marriage, F telephoned to report that Howard was lying and stealing. The school had been complaining about this behavior. F said he used to beat him but found that did not do any good. He said, "The trouble with him is that he is eighty percent female." When our worker suggested he apply at the clinic, he said the school had also mentioned this and was enthusiastic about such a possibility.

M wrote as follows: "I know that he must have inherited some of my bad faults. I was at one time a despicable person and a menace to society and now my son is following in my footsteps." This comment of M's is characteristic of her usual self-deprecation.

7/17: *Camp report.* Howard's prissy appearance did not commend him to his companions. Small-boned and tense, his birdlike movements placed him at a decided disadvantage when it came to any physical retaliation with his neighbors in the dormitory. He is mentally very alert and quick to reply, so that he saw the answers to things quicker than they did and could formulate a reply before the others. He was not at all hesitant at putting anyone who disagreed in his place. Thin-lipped and precise, he seemed like an old maid. A boy would make a casual remark and Howard would correct him, pursing his lips in a superior manner. One can see him some fifteen years hence as an obnoxious, clever little man, putting

everyone in his place. He enunciated his words very clearly and carefully, in contrast to his mother's rather muddled slow speech.

His desire for attention is all-pervading. His association with his counsellors was a continuous request to watch, help, confirm what he said. He would wait until others were settled for the night to go to the bathroom; for the others to leave on a hike, to fix his shoes. There seemed no excuse too small for him to utilize to get special attention.

He was not a cry-baby and he took some good, hard bumps without whimpering. He would seem to be able to make an adjustment with two or three other boys in games, but once his position was jeopardized, as with a larger group, he withdrew and went off to a smaller group or by himself.

I did not ever see him with M, but from what I could learn by talking with him he did not make any special efforts to see her during visiting hours, nor did he show any special interest in his younger brothers.

I wondered what F means by "eighty percent female," and felt that his small body and tiny hands, his precise way of speaking, probably contribute largely toward this impression. He seemed quite able to take the rough-and-tumble consequences of playing with boys. There were no difficulties in his using the boys' bathroom, in his trying to play with girls or being interested in them, and no sex play or masturbation observed. He did wander over to the older boys' dormitory on occasion, but whether for curiosity or not was not ascertainable. He showed no fear in swimming and made real progress. On the whole he showed a good deal of fearlessness in activities.

10/17: Letter from agency

In recent contacts with the family, we have found that Howard continues to make a poor adjustment in his own home and it is believed that the family is interested in other plans for him. They, however, have not been seen since 8/8. Since that date all attempts to contact them have been unsuccessful. Previously, M advised us that Howard has been enrolled in a parochial school as they felt that he would receive more rigid discipline there.

We are getting information from the placement service in regard to Howard's experience when placed by that agency. We understand that the former foster parents are still interested in the situation. In order to determine whether replacement in this home might be advisable, we will contact them for a more complete picture of Howard's adjustment while in this home.

11/18. F was seen on this date. He was very frank in saying that Howard had been expelled from the parochial school which he had been attending and that he felt Howard was going from "bad to worse." He thinks that

the boy is stealing from newsstands although he has followed him several mornings and has been unable to catch him at it. He expresses a great deal of hostility and says that he is now convinced that this boy will turn out to be a criminal and he is willing to do anything to relieve the situation in the home.

The question of placement was again taken up with him. He is willing to have this go through the court since he no longer has his remunerative job but is earning less, and would not be able to keep up payments for this child. Also he seems to feel that placement by the court would be punitive in nature and he favors this.

11/19. Worker from court called saying that F was at her office. According to her conversation he was ready to accept foster home care.

3/5. There has been great delay in having Howard placed because F has insisted on placement in a religious institution. In worker's opinion, F's position is based on his punitive attitude toward the patient and not religious scruples; he believes a religious institution will administer a strict discipline, which Pt needs.

7/4: Letter from agency

We are writing to let you know the disposition of this case by the court. Howard was referred for placement. The other children were placed under court supervision in their own home. The judge admonished the parents to take better care of them. We have closed our case.

ADULT OUTCOME

Completed high school. In his late teens he was convicted of writing checks without sufficient funds, and later charged with violation of probation. He was hospitalized at a state hospital for a year with a diagnosis of psychoneurosis, mixed type. Later he was arrested on sex charges. At that time the statement was made that he had a record on sex charges going back to age nine. His mannerisms are quite effeminate, his eyebrows plucked. He had a record of several suicidal attempts. He was characterized by the examining psychiatrist as a sexual deviate. Rejected for service at age twenty-one.

Vernon

REASON FOR REFERRAL

Very troublesome in classroom. Mother states that he is a problem at home as well.

REFERRED BY

Teacher.

PERSONAL DATA

Age eight years, six months. Fourth grade. Living at home with parents and brother one year older. Poor economic conditions. SSI: three. IQ not given (bright to superior).

3/19. At the school, talked with principal. She said that Vernon had become more of a problem this term because of the teacher, who is quite a rigid person, and it has been necessary for the teacher to put Vernon in the third grade class temporarily. He had trouble with his last term's teacher, too, but it was not so bad. He swears like a trooper, and on occasions, calls teacher "an old pickle-faced puss." If the teacher scolds the class, he mutters under his breath, "Shut your trap." On one occasion he called the teacher a "bastard"; the teacher wanted him put out of school.

An older brother gets along wonderfully and is no trouble, but Vernon is always in trouble either with the teacher or with the children. He talks out all the time. If the teacher suggests a geography lesson, he would insist upon a history lesson. If she calls on a boy to recite, Vernon insists he knows the answer and that he wants to give it. The mother is from the South and when the class had a Lincoln's Birthday celebration recently, he was very resentful about it and insisted that Lincoln should never have freed the slaves. He does not like poetry and makes a fuss whenever the

class has a poetry lesson. The mother told the teacher that she felt the cause of his trouble was an accident during which he was hurt on the head. Teacher said that she never saw an eight-year-old boy who was so full of antagonism. If he likes a person, he will do anything that is asked of him. He fights with other children in line. Recently, he refused to salute the flag, giving as his reason that another child in back of him was pushing him. M has threatened to put him away.

Both parents are employed. The children bring their lunch to school and it is felt that they are in the streets most of the time after school. The principal likes Vernon and says she can get along with him quite well when she has him alone in the office. The school tried sending a personal conduct report to M and teacher promised Vernon a book if he had a certain number of good conduct marks to show, but he could not live up to it and so could not have the book.

The teacher of the third grade class who has had Vernon about ten days said that she has had no open trouble with him. She has found that she cannot drive him to do anything but can usually coax him to participate in the work of the class. He is very difficult to handle, and she has tried to avoid producing any open antagonism on his part. He is very bright and could do good work if he wanted. Usually his papers are untidy and careless, although at other times he does surprisingly neat and tidy work.

Teacher called Vernon to the office. He was rather tall and quite socially mature for his age. He immediately started talking with the worker although he was not introduced. His face had a very wise and rather anxious look. The child had an unkempt appearance and a noticeable odor of enuresis and uncleanness.

3/22. M came to the clinic by request. She had a considerable air of aloofness in discussing him or in divulging any information spontaneously. Although M was comfortably dressed, she had the same odor of unaired clothing which had been noticeable on Vernon.

M immediately volunteered that Vernon was a meddlesome child and that he had never learned to mind his own business. She cited several instances of his being too outspoken. M definitely blamed his difficulties on an accident which occurred when he was six years old. At this time the family was moving. Vernon and his brother were both put into the park to play, and when F came back, he found that Vernon had been hit by an automobile. He was unconscious for three hours. When he was two years old, he fell one flight from the fire escape and had his head cut open so that it was necessary to take three stitches. M said that since the accident two and one-half years ago, he had complained about having dizzy spells but F has insisted that it was his imagination and an excuse for his bad behavior.

M said that he would come into the house and say, "Mother, I'm so dizzy," and would go to sit down quietly; but after a few minutes "he is back in his badness." M is sure that he has never lost consciousness or fallen, and as far as can be learned there is no evidence of anything representing an epileptic seizure. He is always getting hurt, bumped, scratched, or a black eye from fights with other children.

Vernon has days of being bad and days when he is very good. M says that this has developed since his accident two and one-half years ago; and that previous to that there was never any trouble. She can tell when he gets up in the morning if he is going to have a bad day in school because he picks on his brother. He has fits of stubbornness when it is impossible to get him to do anything. In answer to a question, M said he did have temper tantrums. He gets sulky and won't talk. F spansks him, but M does not spank him because she thinks it doesn't do any good. The worker asked if he stamped his feet or talked back when he had a temper tantrum. M responded spontaneously, "No, he never dares do that. He wouldn't dare take his temper out on me or his father, so he takes it out on his brother. He fights with him and picks on him." He doesn't use bad language at home because this is one thing M would never stand for, but she has been told that he uses bad words in school. She thinks he is a nervous child; he bites his fingernails and is a very restless sleeper. M said he was very good about helping her with the sweeping, dusting, and bed-making. She says he will do anything she asks of him.

M has had two miscarriages and Vernon is the second child. She was glad he was a boy because she doesn't like girls and didn't want one. She had a nine months' pregnancy and worked as a maid until three weeks before his birth. The birth was normal and very easy. He was bottle-fed and there were no feeding problems.

M returned to work when Vernon was five weeks old and he was brought up in a day nursery until he was five. There was never any trouble that M could remember and she said proudly that she was never up in the night with either child. Toilet training was accomplished at the day nursery. M says it was started rather early and when he was eighteen months old he was trained not to soil himself. Although enuresis has persisted periodically, he will go as long as two months without wetting himself, but then he may wet the bed one or two times a week. M says that this is usually when he has been bad and upset. He sleeps in the same bed as his brother and always insists that he did not wet the bed and says it was his brother. He walked and talked about the usual time. M was unable to remember exactly when this was.

He has always had a good appetite and will eat anything that is given to him. He is a very restless sleeper but does not talk in his sleep or have nightmares. M says he is a great talker and is always talking about school,

his playmates, and what he reads. Both boys love to read and read anything they can lay their hands on.

The only information which could be obtained about F was in answer to direct questions. She said F was a quiet, rather reserved man, but she thinks that they get along better than most married couples. He never goes out without her. He is sociable and likes to go to parties. He always wants M with him.

M said that the director of the day nursery knows Vernon very well and could tell the worker about him as a little boy.

4/16. Called at the day nursery and talked with the director. She immediately remembered the children and expressed surprise that it was Vernon that was having trouble and not his brother, with whom they always had the most difficulty in the nursery. Vernon attended the nursery from the time he was five weeks old until he was over five years old and his brother until he was six. They were scrappy children and it was felt that they copied their parents, who were constantly quarreling.

M was very uncooperative and "hard to get at." F worked irregularly and was thought to be lazy. M had to get most of his jobs or he just did not work.

The director never dared tell M of any misbehavior at the nursery because she would get very mad and hit the children in the face. This was the F's way of punishing also.

Vernon was considered much brighter and more spirited than his brother and he was treated noticeably better by the parents. He had temper tantrums and would get very annoying and yell at the top of his voice. He was a stubborn child and insisted upon having his own way.

He did not get along well in the group and could usually be handled better by one person. If two or three people in charge of the group attempted to deal with him, it seemed to upset him more.

The director seems to have been especially fond of Vernon. She produced a framed pencil sketch of him showing a smiling-faced little boy and said she had more pictures of him at home. She once took him home with her to spend the night because she thought he was so forlorn and neglected. She remembered that she had to bathe both children every day because they smelled so strongly of urine, although she never had any trouble with enuresis at the nursery.

4/20: *Psychological examination.* Vernon was a rather nice looking, clean-cut type of boy, although his clothing was rather shabby and not overly clean. He was reserved in manner and a little sullen although outwardly he cooperated during the test period and seemed interested.

On a verbal test of general intelligence he ranks as a bright child with

various mental abilities rather uniformly developed. Mental control seems to be quite good. He showed excellent observation of detail.

On standardized tests of achievement he put forth excellent effort and gave evidence of superior reading ability. He is working above grade placement and up to ability in all subjects.

Vernon, then, is a boy of superior intelligence whose school difficulties must be due to other than intellectual factors.

Rorschach examination: Intelligence is probably good. He is somewhat stereotyped and pedantic, but is capable of some originality and varied interests. There was constant striving for precise responses and a certain discomfort because of the difficulty in obtaining them, brought out clearly by his qualifications and comments during the experiment as well as his final comment that "the guy who made them . . . shouldn't give them until he knows what they really are." There is an inclination to pick out tiny details to a greater extent than normal, which, along with the good form perception, is characteristic of a compulsive, anxious personality.

4/20: Psychiatric examination. After the usual reassurance, the boy was asked to give his spontaneous story and began by criticizing the children of the class, obviously projecting. He said, "The kids in the class, if the teacher tells them to stay in, they curse under their breath and every day they will curse more. One afternoon, I had to stay in and the kids said 'curse at the teacher.' They threatened to beat me up; so then, I cursed at the teacher under my breath." He then explained that they insisted that he do it aloud. He did so, but was told that if he did it anymore, he would be put in a home. He said, "She made me stay in for one word wrong. I got so sore at her so I cursed at her," (this after some reassurance). He insisted that none of the children liked the teacher. "She made me stay in every day. She knows I can't do long division and then she only gives me a few minutes to do it. I was out for a month and that is why I got behind. She's O.K. now since I got back to her class last week." He then complained that the teacher likes girls. He feels there is no advantage in doing good work because "if you get A, she gives you nothing. The principal is better than that; she gives prizes." He is sure she likes girls and doesn't like boys unless they are very good. He said, "Some day she is going to get the surprise of her life. She keeps us until a quarter of three for spite and then says it is too late to play. Some day the kids won't play. She used to pull my ears; I felt like socking her."

He said that nearly every day he gets sick to his stomach and that he goes to the toilet and vomits. He usually gets sick going up the stairs; he gets dizzy. Yesterday, he nearly fell downstairs. He said this has happened since he fell off the fire escape. He continued, saying:

When I am dizzy, I have to fall some place. I feel dizzy and the next thing I know I am on the ground. I don't feel myself falling. It happens pretty nearly every day but I don't fall every day. I don't even know if I fall. I wake up on the ground. Once in a while I bang my head. I feel dizzy after I fall. Sometimes I fall out of my seat; my teacher doesn't know about it. Sometimes I have to vomit after falling. If I can't get my answer right, I get dizzy because I am looking at it too long, especially when the teacher says that I haven't time to do it. At home I get them in the bathroom; my eyes get black for a while and I fall back against the wall.

My mother likes me best because I look like her. My brother looks like my father. My father likes my mother best and then me. My brother used to get more than me; that is why my father likes me now. My brother is a faker. He makes believe he is asleep to get out of going to the store.

After he eats too much he gets sick to his stomach and occasionally vomits. His father coerces him into eating by denying desserts. He then explained that, if his head gets wet in the rain, he gets sick to his stomach and vomits. "It gets my head cold. Sometimes my heart hurts if I eat something hot."

He presented the following dreams: "Once when I was four years old, I dreamt that a lady was going downstairs and a boy was in front of her. She had something in her hand and she didn't hold it right and it dripped on the boy's head." He also offered a dream of a man being hanged by cowboys. "They were saying 'Only good people can see him being hanged.'" He also dreamt, "A kid is with me and somebody jumps out from the bathroom, stabs him and I scream." He then remarked, "I tell you how I get the dream. If you get mad at your mother or teacher, then that just comes into your head when you are asleep. When I get mad, I try to forget, then it won't stay in your soul."

With regard to F's beating him, he says to himself, "When I grow big, I will hit you when you are an old man. He is too strong now. When I am forty, he will be eighty and I will beat him up." Complains that F hits him with the strap on the legs. "If I kick the table he just slaps me. Every time he sees me reading a mystery book, he gives me a beating. He says it goes to my head. He gets me mad but I don't do anything to him. He punches me in the side and that makes my side hurt." He has occasional fears of the hall and the bedroom when it is dark. He imagines someone is sneaking up in back of him, is going to shoot or something; these he believes are men. He says, "When I go to the bathroom, I look out of the window to see if anybody is climbing up. There might be kidnappers. I am afraid of an old woman living in the house."

His wishes were (1) a lot of gold; (2) a castle better than the king's; (3) "I'd like to be a king if there was a king."

4/20: *Conference.* Vernon is suffering from a psychoneurosis which produces symptoms of falling and dizziness. He is reacting strongly to the very punitive handling in the home and to the teacher, who reproduces the home situation in her manner of handling.

The results of the Rorschach examination appear to indicate a neurosis with some obsessional elements. The psychiatric material appears to indicate a hysterical neurosis with conversion symptoms. In view of the boy's history and reactions, Vernon has a psychoneurosis which requires direct treatment. The symptoms may diminish with better handling both at home and at school, but it will not really clear up the neurosis. The handling by the parents is both punitive and suppressive. It tends only to arouse the boy's hostility. There are indications that the symptoms may be masochism with inturned death wishes.

It will be wise to utilize any facilities outside of the home. Worker should attempt to work with the parents to see if they can change their methods of handling. In view of the history, it would appear that not very much could be done in the home.

5/4. Talked with principal about Vernon. He is now back in fourth grade and is getting along fairly well. Principal knows that the teacher is very difficult to get along with. She told the teacher frankly that Vernon had gotten along very well and that she expected him to get along equally well in her class. Once or twice she has been called down by the teacher to discipline him but recently she has heard nothing from the teacher.

5/24. F at the clinic by appointment. He was a neatly groomed man whose manner was defiant and full of bravado. His manner suggested from the beginning that he considered the interview a game in which it was his role to outwit the worker. He smiled in an amused fashion in answer to a question. Said that Vernon was getting along fairly well. This has not always been so and he thinks that Vernon has got to learn to get along with everybody. He thinks that many of the boy's difficulties are due to the fact that he is sharp and catches on to things very quickly and then loses interest. He is very active and has more energy than most children, so F thinks it is good for him to play a lot and get rid of his energy.

There is never any trouble with Vernon at home. Whenever F tells him to do anything or not to do anything he does as he is told because he knows he has to. Of course F never punishes him. He knows that spanking does no good. Worker inquired how he handled it when Vernon didn't respond to his request and F said, "Oh, then I have to spank him."

He thinks the boy is very stubborn. F himself used to have trouble about once a year when he was in school. F always got along well at the beginning of the term, but toward the end he usually had a big blowup. When

he would take his hat and walk out of the school, it was always a lot of fuss, and his mother and father had to have him readmitted. He couldn't remember the causes of his own troubles and thought that he just decided that this was not the teacher for him, but he has outgrown all of these things and thinks Vernon will do the same.

This morning Vernon forgot his lunch and his school money and F stopped in at the classroom with them. As he entered the room, he saw Vernon standing by the teacher's desk in a slouching manner which did not please the father. He told the child to stand up and Vernon gave him a defiant look and half pulled himself together. Father told him to take his hands out of his pockets and stand up, which the child did. F asked the teacher how he was getting along and she said "Oh, so so." F was so annoyed that he slapped Vernon in the face. Worker commented that Vernon was probably fearful as to what the F might hear from the teacher. F laughed and said, "If you had seen him, you would have seen that there was not an ounce of fear in him, he was that defiant." It was suggested that the boy must have been quite hurt at being chastised in front of the class. F smilingly agreed and remarked with a great deal of pleasure that it did not hurt much physically but it hurt his pride. F is not going to allow Vernon to be a criminal by the time he is sixteen. He is going to see that the boy obeys him.

We went on to speak of his previous school experiences and mentioned one in particular. Vernon had gone through part of second grade with a very good record but he suddenly got D's, and F was called into the school. F asked that a daily report be sent home. The first four days the reports were unsatisfactory and each day Vernon got a beating and a talking to. After that he got A's straight on throughout the term. The school wanted to discontinue the daily reports but F insisted on having them because Vernon had been cured in this way and he intended that the cure should be permanent. Worker discussed punishment and suggested that Vernon was an unhappy child. F became very excited and demanded to know what worker meant. He had everything that any other child had, and if worker was suggesting that Vernon should have his own way, F wanted worker to know that the child is never going to have his own way and that he had to obey.

F stood up to go and repeated that he did not intend to let Vernon be a criminal at sixteen. Worker said that the boy needed help in working out his problems and discussed the possibility of psychiatric treatment. F does not really think there is anything wrong with the child. He has been examined by many doctors. The only possibility is that he may have sustained some injury from the two falls on his head. He gives the child everything he can and he thinks he will be able to see that Vernon does not get into any trouble. Worker said that since F was so interested in

helping the boy avoid a criminal career, that he should know that his handling of Vernon's problems through fear and beating was arousing hostility and anger on the part of the child which might make him eventually seek just that sort of a career. F laughed and assured worker that he would see to that.

6/10: Interview with teacher. Teacher is an elderly woman who talks constantly and showed considerable hostility toward the clinic. She has heard the psychiatrist talk and cannot understand how he can think that only the good of one problem child can be considered, when she thinks it is necessary to think of the good of the other children in the class. She immediately started to tell worker of Vernon's misbehavior, how he spit in a boy's face and hummed in the classroom while she was trying to teach and of how sneaky he is. She is used to handling problem children so that this is not a new experience for her, but there is no way to get hold of Vernon. The other day he fell going down the stairs. He said that he was dizzy and as the teacher has heard of his two previous accidents when he fell on his head, she explained to the other children that if you fall off a fire escape, it leaves you with something wrong in the head. She thought this would make the other children more tolerant of Vernon. Worker then explained F's attitude toward Vernon and his rigid punishment. The teacher, when questioned, said that F had slapped the child in the classroom. She did not know why but she guessed he had to, because Vernon is so defiant. Worker wondered whether it was customary for the parents of the children to slap them in the classroom and she said that this was rather unusual. She suddenly turned to worker and said, "What am I going to do with him? You tell me that there is something wrong with him, but you do not tell me what to do." She wanted to know how to handle a specific situation, such as spitting in another boy's face. Worker discussed the reasons and suggested that his misbehavior was symptomatic and the result of hostility aroused by his home handling. She suggested that if the teacher could avoid crises and give him more satisfactions, that the need to be defiant would be lessened. The teacher had done all of these things and it did not help in Vernon's case.

Vernon came in at this point and smiled broadly at the worker. As soon as the teacher asked him anything, he looked at her in a quizzical manner, pursed his lips, and said nothing, which antagonized the teacher.

Later talked with the principal about the impossibility of leaving Vernon with a teacher who is handling him with the same rigidity which he receives at home.

6/28. Called at school and talked with the principal. She said that Vernon was getting along fairly well. She had had no difficulty with him

since placing him in a new class. His new teacher said that she had had no trouble with him, that she had been very careful in handling him and found that she never quite knew what his reaction was going to be. She said that he had made a real effort and that he had done quite well in her room.

9/27. Called at new school Vernon is attending and talked with principal. He called Vernon to the office while worker was present and seemed to have a very good relationship with him. Vernon smiled and looked very happy when the principal commended him for his good work.

He said he had not been allowed to go to camp this summer although his brother had gone. He said that he had had a quarrel with his father because he didn't want his hair cut, and F had not permitted him to attend camp. Worker discussed F's problems and the poor handling of the boy at home. The principal plans to see F very shortly and feels that he may have some influence with him and change his attitude toward the boy.

6/16 (*One year and three months after case opening*). Telephoned principal. He reported that Vernon got along very well in his classes, did good work, but lately was careless about his personal appearance and did not get along well with the other boys. However, he got along well with the teacher. *Case closed*—partial adjustment.

11/17 (*Three years after case opening*). The social worker told this worker that the principal of another school had telephoned about Vernon.

Worker stated that when she went to see the principal Vernon was in her office. At the time, the boy was left to write several thousand times, "I must not disgrace myself in public." It was the social worker's impression that the principal was going to re-refer Vernon to the clinic.

11/17: *Case reopened*. The worker interviewed the principal. She stated that F "butchered" the mother, and that M had had the F sent away. At the present time M and F are not living together, and F is not supporting his wife.

The boy is exhibiting a Jewish persecution. He has stated that he hates Jews and has stood on the street corner calling "Dirty Jew" to boys going by. He was seen to spit on one boy's new sweater. The principal insisted that he apologize, and Vernon shook hands with the other boy, but the next day did the same thing again. He is frequently absent from school and in class he makes trouble and is a disturbing element. In one instance

when a teacher called on the boy, his response was, "You lousy teacher." He has wild temper tantrums.

She speaks of him as an egocentric show-off. She said that he spends his afternoons at a boys club. He is known there for his temper tantrums, and the worker there said that Vernon, of all the boys, gives him the most trouble.

12/20. In class he whistles under his breath and makes other noises. He is impudent to the teacher on the stairway.

2/5. A neighborhood agency worker telephoned to ask if she might come in to discuss the case of Vernon with the worker. She raised the question of whether there might not have to be a placement in this case, as M is away all day and many things are happening in the home. Apparently the boys are taking their friends there, burning holes in the carpet with cigarettes, and setting fire to objects in the room, such as curtains.

2/5. Agency worker said placement was needed for both Vernon and his brother. The final opinion was that before any placement was made, the psychiatric review of the case should be done in order to plan constructively for the boy.

2/9. Case discussed with psychiatrist and it was decided that the case would be taken on, that Vernon should be scheduled for psychiatric examination, and that the worker should get a history from M.

2/21: Psychiatric re-examination. Vernon is a well-developed boy of eleven and a half years. He appears to be somewhat undernourished. At first he seemed somewhat anxious about the interview but later he became more comfortable, was at ease, cooperated well, spoke freely, and showed a good vocabulary and a good use of language, indicating average to superior intelligence. His affect was appropriate and his rapport was good.

Vernon said he was now attending another school and in the seventh grade. He likes it very much. He was transferred from his previous school because he did not get along there. He was bad in his class, fooled around a great deal, and talked back to his teacher. The teachers were fresh to him so he was fresh to them. He relates an incident during which one of the teachers tried to tape his mouth. He stepped on her shoes and spoiled them. He likes the new school because there are more things to do and they have better discipline. He has heard that if you don't behave there they beat you, but he does not believe it. Nobody has done anything to

him. He likes the better discipline at the new school and feels more comfortable in a controlled environment.

Vernon lives with M and brother. He seems reluctant to talk about his father. He said that F drank a great deal and would hit and beat the boys. F was brought to court about two years ago and was forced to leave the home. Since that time they have not seen him. Sometimes Vernon likes F, but is generally glad that he is gone because he did not like the way he behaved when he was drunk.

His brother also behaves very much the same. Vernon said that they get along fairly well at home, and do not misbehave there. He was vague about misbehavior outside the home.

Vernon's ambition for the future is to become a fireman. He always runs to see the fires when he hears an alarm. He has been doing this ever since he can remember.

He insists that he is not "nervous." He admits that he bites his nails but does that because he has nothing else to do. He did wet his bed until he was about seven or eight, but he does not do this any more.

He knows that M has thought about placing them outside the home. He is quite agreeable to the plan because he realized that M cannot take care of them properly. He says that he would not feel badly living away from M because he knows that he will see her regularly.

Vernon says that he is the preferred child in the family. He was also preferred by F. His brother does not seem to mind it.

In this examination no significant abnormalities were found. Vernon's misbehavior is in relation to inadequate supervision and care at home and probably also the effect of emotional disturbances due to a broken home relationship with M away most of the day. He is a boy of high average to superior intelligence, seems to be sufficiently interested in his academic work, and with proper environmental support should be able to make a good adjustment. It seems that M's wish for some placement for more adequate supervision of the children should be encouraged.

2/21. M came to the clinic by appointment. She was very apologetic for not having met previous appointments, saying that now she is sorry, since she has so much trouble with both of her boys.

She said that Vernon is better than his brother, especially since he transferred to another school.

Vernon had spells of being bad. They come on him all of a sudden, and when this happens there is nothing that he does not get into.

M states that it is very hard because she leaves the house early in the morning. When she comes home she finds the notes from school.

The brother does not go to school two or three days a week and he and

Vernon have boys in the house who should not be there. A short while ago they burned up half a curtain. At the same time, she found burned matches, holes burned in the rugs, cigarette butts in the toilet, and in the ash trays. That night she gave the brother a good licking.

This trouble takes place after they get home from school and on days when they don't go to school. M complained that "they don't mind one word you say to them." She has been told by people in the block that they are friendly with awfully bad boys. M said that she cannot keep a penny in the house, and often she knows that her drawers are searched. Until three months ago both boys were all right in this respect. She is disgusted. She says there has been trouble with them in every school that they have ever been in.

M said she thought that both boys were pretty good to be as good as they are, since they were raised in a day nursery. Her husband used to say that it was all her fault and expected her to beat them when she came home at night. M said that she could not do this in cold blood.

Another thing is that the boys don't hang up their clothes. Sometimes they don't come home until after ten at night. "They've got me half crazy, it's ridiculous. They are old enough to know and they are intelligent. If they appreciated their home, they would mind me better than they do." M is at her wit's end and does not know what to do. She is thinking of placing both of them. She cannot stand living in a home that is like a pigsty. They are very fresh and impudent. Neither one will admit that he has done anything, and they lie terribly. Only last week they were seen throwing snowballs at a neighbor's window, and in this connection the mother said, "They would not tell you the truth on a bet."

Vernon likes to argue and calls his brother names. M has to take the strap to them every day. Some days she says she does not know whether she is coming or going, but that the curtain episode was the last straw. She feels that she has permitted them to get away with too much. She says that they are foxy enough about getting out of things.

M said that when they were placed, she would have a little peace of mind, and a chance to get caught up on her reading.

2/21: Conference. This does not seem to be a psychiatric problem but rather a social one, which requires certain environmental changes. M seems to be justified in her request for placement since she cannot adequately take care of her children. The children seem to have accepted this situation and are agreeable for placement in a suitable institution. The children are too old for foster home placement and it is questionable whether it would be advisable for a mother of this type. There is good possibility that the children may be placed in a children's residence and this would be an excellent disposition. The boy seems to be adjusting very

well and deriving many advantages from his school experience, but it was generally agreed at the conference that it would be for the best advantage of the children if they were placed in an institution. *Case closed:* Arrangements made for placement.

ADULT OUTCOME

Enlisted in the service at age twenty. He served for four years, achieving a higher than average promotion level. He received technical training and his record indicates superior character and efficiency ratings. There is no indication of any behavioral difficulties. He was honorably discharged at the conclusion of his term of service.

Carl

REASON FOR REFERRAL

"Restless, difficult in classroom—unpopular with children—fights with them. Family doctor suggests referral because of emotional disturbance."

REFERRED BY

School.

PERSONAL DATA

Eight and a half years old. Third grade. Living with parents; no siblings. Comfortable economic circumstances. SSI: none. IQ 104.

9/7. Spoke with principal, who is referring the boy because M had come to her for help. Physician suggested referral. Carl has presented difficulties of behavior all along. He is very active and restless in the classroom. Last term's teacher got so out of patience with him that she often said she felt like giving him a good beating.

Carl is always complaining that children gang up on him and give him a beating. Very early in the term F came to school to complain about this. Children do not like him and do not wish to play with him. His record card indicates that in first grade he was marked "unsatisfactory" in personal, social, and work habits. Principal informed worker that M does not permit Carl to play with other children for fear that he might get hurt.

She thought that he might have chorea, in view of his restlessness and constant moving about. Doctor indicates that he is not suffering from chorea, but is a maladjusted child with marked hyperactivity. He is an only child who has associated with his parents very intimately throughout his years. He has come to consider himself "above his age," and on a level with his parents. Doctor thinks that he is emotionally disturbed, that M is oversolicitous. F works nights and boy sleeps with M.

9/20. M in office by appointment. She is a rather small person in her middle thirties, of nice appearance, friendly in manner. However, she did not seem entirely at ease or able to talk entirely freely.

M said that the main difficulty with Carl is that he is spoiled. He is the only child and has always had everything he wants. What she is concerned about most is that he is unpopular with children. He hits them and they gang up on him. However, since she has spoken to the principal about the children fighting with him he has been much better in the classroom and he has gone from C's and D's in conduct to A and B. Spontaneously M said that she is a good deal to blame. The child is with her all the time. She has never let him be on his own. Because he gets into so many difficulties she thinks he needs protection, accompanies him to and from school, stays with him afternoons watching him play in the park. He does not like to have M supervise him all the time, tells her that he wants to be a boy, wants to go out by himself.

Carl likes to play all the time. When he is on the street he always runs back and forth, uses up a lot of energy, and never plays quietly. When M objects to it, he tells her he is a boy and should play like that. When he is at home he likes to play mainly with guns. M does not like him to play with them but lets him do so sometimes.

M emphasized the fact that the children on the street in their neighborhood are very "bad children" and that she was moving out. She thinks Carl's difficulty has a good deal to do with the poor environment. A couple of the children have the habit of taking things from the dime store and they have been trying to influence Carl to do it but he doesn't follow their advice. He is always having fights with two little girls who are always picking on him. Some of the children in the neighborhood use bad language.

M said that both she and F wanted a child very much before Carl was born. She has never had any difficulty with Carl until he started school. Before that she always went out with him on the street and watched him play. He was always a good child and obedient, always ate well, always slept well. He began to eat by himself when he was five, but M still dresses and bathes him. She said that she likes to do it, but she thinks at the same time that he is big enough to dress himself. He knows how but depends upon her.

M said that she and F get along well although the feeling obtained by worker was that she was not willing to reveal the real relationship. M intimated that there are some quarrels. F is very fond of Carl, takes him out. F blames M for not allowing Carl to be more independent.

M refers to doctor's recommendation that Carl come here for help because of his nervousness. When asked for particulars she said that he is high strung, when he doesn't get what he wants he cries and sometimes

has a tantrum. He has the habit of talking very loudly. M said that when she is displeased with something Carl does she "hollers" at him, but never hits him. F thinks that perhaps if she beat him once in a while it would be better for him.

About a year ago, M gave up home and went to live with maternal grandmother, because she was ill. The grandmother has since died. Carl was very much attached to her. After her death they did not re-establish their home immediately but went to live in a hotel, and Carl went to school in that neighborhood. When M was told that earlier in the interview she emphasized that Carl's difficulties related entirely to their immediate neighborhood, she admitted that he was difficult from the time he started school.

Throughout M was very defensive about Carl's difficulties and seemed to feel guilty about her part in it because she babied him so much. She said that she would like him to be able to go out by himself so that she wouldn't have to be with him so much. She needed a good deal of reassurance. When we suggested that F might come along with Carl to save her the trouble she said that she wouldn't like that and emphasized that she would like to be right here when Carl was seen.

10/10. Interview M and F. F is a man of good appearance, in his thirties, rather pleasant in manner. He seemed uncertain as to the work of the clinic and questioned the reason for Carl's coming here. As in the previous interview, W felt that parents were unable to reveal the real situation as to their relationship in the home. Although on the surface there was a very pleasant manner between the parents, there was an intangible undercurrent of antagonism. F agreed that M gives in to Carl constantly but that Carl doesn't get his way with him. He said that when he doesn't obey he does sometimes give him a "slap." F mentioned that Carl gets practically everything he wants and expressed annoyance with the fact that no matter what he gets he always wants more.

On Sunday, F and M usually take Carl out with them and they visit every place of interest to children, such as the zoo, the circus, and movies. M mentioned that their doctor told her there was nothing the matter with the boy, but the trouble is there was "too much mother."

Carl was considered a good baby. He was trained very early, at eight months, in toilet habits. He walked at ten months, talked plainly between two and three years. F mentioned how worried M was because he was slow in talking. M was always very careful of Carl when he was an infant, refused to let anybody touch him. She always watched over him very carefully. She never permitted him to go outside to play by himself before he went to school but was always with him.

He was recently examined and was found to be in good condition. Carl eats well except that he refuses to eat potatoes.

Parents do not show any great concern about Carl except for the fact that he does not get along with children, that he is unpopular. F expressed a good deal of resentment against children in the school who gang up on him. When F learned that a fifteen-year-old monitor hit Carl because he was out of line, it "burned me up." F feels that if he hadn't come to school to talk to the principal and complain about this, he probably wouldn't have been noticed for referral. When asked whether they considered Carl nervous, M claimed they were told so by doctors and they agree with them. He is restless, always wants to do things. He has no fears, sleeps well.

10/10: Psychological examination. IQ 104 (considered not representative because of the child's poor interest and effort).

10/26. M in office while Carl was receiving a psychiatric examination. The family has moved. So far M is well satisfied with Carl's adjustment to the children on the block. She no longer goes out with him and he has been playing nicely. She is trying not to accompany him to school but still accompanies him part of the way, leaves him at the corner where there is a policeman who watches the children cross. She thinks that in the past couple of weeks Carl has quieted down, is not as restless. The teacher told her there has been some improvement in his behavior.

Again M spoke of her own life as having been a very happy one. She has an older brother, to whom she is greatly attached. Both she and this brother were greatly attached to the maternal grandmother and her death, a little over a year ago, was a great shock to them. The uncle had a nervous breakdown following grandmother's death and M, too, was in a very bad state emotionally. She could not get herself together and for that reason gave up the home, put things in storage, and went downtown to live in a hotel.

M spoke of how she enjoyed her work before she was married. She was graduated from high school, worked in an office for nine years, married, and continued her job but lost it when the company closed. She sometimes feels that she would like to go back to work.

In speaking about the arrangement of the new rooms M said that Carl will now sleep alone. He has always preferred to sleep with M; even when he was very little and had a lovely crib, he would want to sleep with M. M said that she likes to have Carl sleep with her.

M said that Carl is a very affectionate child, shows affection to both parents, and she said F, too, shows affection to Carl. Methods of punish-

ment were discussed with her and M denied that Carl was severely treated. He is afraid of F because F threatens him with a beating but very seldom hits him. If he does it is a gentle slap. M said that she never hits him but once when she did her brother told her that she must never do it again.

As in previous interviews worker got the impression that M was protective of the entire situation and anxious to give the impression of a harmonious, smoothly running household.

10/26: Psychiatric examination. Carl said he had pains in his eyes if he was close to motion pictures. He demonstrated with his fingers the place in his eyes, saying "See, here—terrible." (Do you ever see light?) "Yes, I see pictures in the ceiling right now." (Now?) "Yes, they're talking, playing. (Very vague.) When I shut my eyes I can see green things shooting." Carl did not seem particularly disturbed about these phenomena. "I could play with this clay for two years. I get a ting in this cracked tooth. Yee, yee! (Much dramatics.) A kid cracked it. A doctor examined me once, I had like a colitis. I get pains sometimes and stoop over. (Demonstrates.) And my father made me stoop over like this. Oh, it annoys my legs. (Demonstrates.) Don't tell my mother about my seeing those pictures on the walls, she'll worry. (Reassured.) If you have appendicitis you can't bend over." (Bends over as if in pain, holding his side.) When asked about enuresis he said in an exclamation, "Do I?" Carl then changed his tone to say that the last enuretic spell was when he was two years old and then it was a year ago. "I wake up in the night and tell my mother about it. I sleep with her. The doctor told me not to. I'm getting a bed for Christmas. I'm not getting one single toy. My mother hates guns, ooh." Carl has been making a clay man during this discussion. He volunteered, "I went to a funeral. I think the dead one might come to life. Don't you tell my mother that. I get scared." He said he liked sleeping with his mother. "I would sleep with a rat if I was cold and could, but I don't like to." It was observed from time to time that Carl had a number of old scars on his person. He said that his mother had made a pass at him with a carving knife in the region of his eye and had pulled out the knife after pointing it at him. "It stuck in my eye and then she said, 'Oh, my baby, oh, my baby.'" The eye was apparently not permanently damaged. Carl continued to be very talkative. Regarding his school and social life he said he liked the principal but disliked the teacher. He spoke in a tense, loud voice. "Oh, that teacher, she makes faces. As a bluff I tell folks we don't have homework. At a talking period she said I shouldn't talk; I ignored her and talked. (Chopped the clay as if it were a beefsteak.) Oh, yes, and another thing—my mother won't let me go camping. I can't go up and down the block, so I stay instead in front of our window." He stated he liked the talking period best in school and as for arithmetic, it was un-

speakeable. "Arithmetic, arithmetic, arithmetic, that's all she wants me to do because I don't know it." (Pounds the clay.) "And my mother has a superstition, I can't have a goldfish because it's bad luck, and my friends—my mother moved into a terrible block with so few kids. So another thing, I can't trade comic books with the kids in the block, and doctor, I like to read when I eat. My mother says 'Oh dear,' my mother says 'No.' She's old fashioned. I wish I was in first grade again. In school our Halloween party was an arithmetic session. I fixed her, I didn't do it." When asked whether he could dance or sing, Carl demonstrated with a jig which was only fair. (Can you swim?) With indignation Carl said, "Can I swim?" (Yes, that's what I said.) Very quietly Carl replied, "No." He stated he likes cowboy and murder pictures.

Regarding his family, Carl said it consists of his mother, father, uncle, and grandmother. "That is my second grandmother. The day my first grandmother died—Oh, was I sick. I went two times to the funeral parlor. She died from blood pressure, I think. Her tongue went to the right side. If we pushed her in a wheelchair, she'd have lived for life, like a mummy. I wish I could push her, I loved her. She gave me money for toys. My mother went to hit me once, and my grandmother stopped her. My grandmother always liked her and I used to kick her, oh, oh. I was little and didn't realize. I had trouble with my mother this morning. See this belt? (Carl pulls a link out of the belt and throws it away.) I throw it away. My mother wouldn't let me wear my cowboy shirt." (Throws knife on the floor, pounds the clay.)

Regarding the family preferences, Carl said concerning his father, "That's easy, he likes his mother best and his aunt. My mother likes my uncle and myself. You know, he promised to take me for a ride and now he stalls and says he has a headache. As for me, I like my mother, my uncle, and my father. My father hits me an awful lot. He hits my head. Look, blood comes on it. It's because I won't dry each finger, and put no cold water on my face."

Becoming hyperactive and speaking of his misfortune with a certain amount of pleasure, Carl said, "The boys took my shoes and socks and stuffed them in dog's manure. They chased me and threw it at me. They cut my tooth."

Regarding his worries, fears, and fantasies, Carl said, "I worry about the dead lady coming to life and killing me. Oh, my father can handle himself all right. I worry about myself, and when the shades flutter I think a man or someone is in the house, maybe someone with a knife to commit hari-kari in the belly." (Demonstrates by picking up sharp knife and drops it when he discovers it is sharp and uses a dull knife.) Carl continued concerning his fears. "My mother told me that a witch was after me. I kicked my dog in the nose, once. I was sorry. My mother gave him away." Carl

made a clay casket and said it was like the one that his friend's mother was in. "When I see them I can't get over the feeling that they'll come to life and stab me, those dead people. Don't tell my mother, she'd worry." It is evident that the boy has parental death fantasies. "When I'm alone I'm afraid someone will stick a knife in my back."

He told me about a dream: "I dug up that dead person's grave and the bones stuck through my hand. Now, I do another annoying thing. Watch me, I pick my nose and eat it. I eat my fingernails, see? I call my teacher Roving Fifi. She was wearing painted nails." (Mimics his teacher.) His second dream he said consisted of a boogey man who said he would hurt Carl. The third dream was something sad. He stated that his mother was put in a box and bad men caught her. "You know, I think my father and mother are spies. There's a trap door in my closet with a box there and a Communist radio down there too." In the fourth dream he said he was mired very deep in the mud and the witch came and laughed and the witches got after him. "The witches are really after me, you know. A neighbor came dressed as a witch once to our house and my mother told me, when I was a baby, the witches were after me. My mother doesn't like cats, either." Asked about daydreams, Carl said he talked to himself at night, as if he were the captain of a boat.

He was asked how he felt when his mother spanked him. He said, "I could kill anybody, throw a knife in their throat, even my best friend, my mother, when they hit me. She doesn't hit very much, but my father! I hit her back. I hit him, too. I get hit with a whip." (Makes a dagger from the clay.) He apparently feels so defensively inferior that he compensates with superior claims.

When asked about obsessive-compulsive traits which were not evident, Carl said, "If you walk on a line you step on the devil's face. My mother's so funny. She wants me to sit straight to eat. She's good to me though. My daddy says, 'You've got to eat it.'"

When Carl was asked whether or not he heard voices in his ears, he said, "Sometimes I hear a voice that says, 'I'll kill you' and it forces me to say 'Forgive me before you die.' I hear it in both ears all the time. I hear one right now. It says that I'll die. It seems to be inside my head and then it changes." It appeared that Carl was editing his answer to speak what he believed to be the wish of the examiner. He was undecided as to whether the voices were inside or outside of his head and waited for a cue from the examiner in order to make what seemed to him a correct reply. Some of Carl's statements, therefore, cannot be taken at full face value.

Carl was embarrassed over his sex interest. He said he had tried to take the pants down off a boy one time, and talked with other boys about

seeing girls. He spoke in a pseudo-sophisticated way, calling a girl a "bat" and then adding that she was six years old. "I pulled my zipper down in school one day and said 'Look boys, I don't care if the teacher does see me.' I only showed them my underwear." Carl evidenced aggressiveness with phobias and guilt. "Oh, my father is so modest. If he's in the toilet he says to me, 'You get out,' and he holds his hands in front of himself." Carl admitted masturbation by himself when he is in bed, when his mother is asleep. He said that he woke her if he was scared. "She hits me for waking her up then I go to sleep again." There was no fantasy with masturbation. Carl asserted that his father was so modest that he pulled all the shades down when he went to bed. Carl said he peeked at his mother in the bathtub. A friend had told Carl of seeing a nude girl. Carl showed definite guilt over his masturbation. "My father doesn't like for me to do it and my mother either." Changing the subject, Carl added, "If I don't eat, my father says, 'Beat him and put him to bed.' He beats me when my mother's not there. I love to take baths but mother likes to dress me. I like to dress sloppy."

In summary, Carl was a hostile child with aggression towards both parents. There was no great conscious conflict over this but he has developed dreams and regressive fantasies over his phobias, anxiety, and hostility. The boy feels rejection on the part of both parents. His aggression has alienated other adults as well as his contemporaries. He compensates in infantilized fantasies. There is defensive verbalization and possibly masochistic reaction. He is tense. He has sex knowledge, which, although natural, causes him some guilt. He seeks approval and affection but anticipates a different handling with adults. There is a combination of overt behavior and neurotic phobic compensations at the present.

Psychiatric impression: marked neurotic features with behavior disorder, conduct disorder, disobedience.

10/30. Spoke to teacher. She appears to be a very high strung person, under tension and obviously unable to bear any disorder in the classroom such as the movement of children and whispering. She finds Carl most difficult. He cannot concentrate, talks out loud, usually about what the parents will give him or where they will take him. He is constantly touching other children when he passes them. She had to place him alone in the rear of the room where he has been slightly better. She has noticed that he is interested in her attention and has asked her to visit his home. The possible emotional factors in Carl's behavior were mentioned and teacher helplessly asked "What shall I do in the classroom?" We mentioned that we would talk with her further after we had the results of the examinations.

11/2: *Initial conference.* Undoubtedly this boy is a severely disturbed child and it is doubtful whether the parents could overcome their evasiveness in handling the situation with us.

12/25. In answer to our letter M telephoned to say that she would be glad to come in. She spoke of her husband's feeling that the whole trouble with Carl is that the monitors in the school take advantage of him and that the trouble he gets into is not really his fault. F became infuriated because the other day when he took Carl to school one of the children told him "your child is a spoiled brat." An appointment was made for Carl which was not kept.

Another letter: no response. In view of parents' unwillingness to continue study and treatment, *case is being closed*—Status is undetermined because of interruption of work with boy.

3/1 (*A year and a half after case opening*). Teacher telephoned to ask about our contact with Carl. He has recently been admitted and she understands that he has had former school difficulties. He is doing second grade work. He has been placed on a special schedule. Teacher has had a "good talk with the parents" and she is hopeful that they will cooperate with her. She feels that Carl has shown a turn for the better in the short time he has been in the school. (It is our impression that what teacher calls cooperation of the parents is their willingness to punish the boy for his restlessness and other behavior difficulties.)

5/7 (*Two and one-half years after case opening*). The principal had asked M to call because the child was having trouble at school.

Carl was out of school at the time with a diagnosis understood to be chorea. Later the boy had been transferred to another school and it had been decided to wait until the new school referred again.

Another agency had had a psychiatric consultation. They felt that the mother is severely disturbed, possibly psychotic, and that they cannot hope to work with her. Their present plan is to continue to see the child and try to do something with him directly, perhaps working toward ultimate placement. Carl feels persecuted by others in school and is actually dangerous in his behavior there. It was possible that only the principal's authoritative position in the school could bring about final action.

2/27 (*Three years after case opening*). At present Carl is absent due to whooping cough, but when he was in school teacher had to give him her entire attention. He was fidgety and neither parent could help.

Carl has been out of school running the street for the past three weeks. Causes considerable trouble in the neighborhood.

2/4 (*Six years after case opening*). M phoned and in peremptory fashion asked for an immediate appointment for Carl with our psychiatrist. He is having a great deal of difficulty in school with the children. School insists that M sit with him or they will not permit him to attend any longer. Angrily M said that he is too big a child for her to have to devote five hours a day in this fashion. She tried having him accepted at a hospital for observation but they told her that he would have to be seen by a clinic psychiatrist.

M indicated that there has been considerable marital discord and that the parents no longer live together. There is no open friction between the parents, but Carl has moved around a good deal, having lived in three states. When school first began to complain of his behavior, M made arrangements for him to be transferred to a private school but at the last moment refused to go through with this step. More recently she had spoken of taking him to another state, but now this plan too seems to be evaporating.

At school he has become increasingly unmanageable and cannot take the slightest restraint. He will unexpectedly jump on a child, often smaller than himself, and has hurt a number of children this way.

Sometimes he will twist a child's arm. None of this seems to happen with any previous provocation. When other children were throwing snowballs on the street Carl threw chunks of ice and cut a girl's neck quite badly. Only yesterday he was discovered in the midst of a group of boys whom he had attacked without provocation. These boys were known to the school as very quiet and well behaved. Recently he entered the school cafeteria, picked up a pile of plates, and flung them about the school. When questioned about his misdeeds, he looks blank and really does not seem to remember what he has done. He fabricates but without seeming aware that he is departing from reality.

Finally the superintendent has threatened to suspend the boy from school if M did not take some action and it was at this point that the mother expressed a desire to have him enter the hospital. Principal thinks M was afraid of having him suspended as she has had a number of run-ins with the attendance bureau because she tends to keep Carl at home at the slightest whim, bringing him to school only when she is in the mood. In view of the long-standing nature of this boy's problem, the mother's disturbed condition, and her tendency to move him from one school to another, it would seem as though a diagnostic picture is very essential so that the school can take some authoritative stand in regard to further admission.

2/11. M brought Carl for psychiatric examination. She tended to deny that Carl was a problem and threw the blame on everyone else. She also indicated that the school would have to take him back because she would not have him hanging around at home or on the street. The principal had tried to have him transferred to a probationary school but M would not accept this because she does not consider Carl a problem.

I said that it was possible that our psychiatrist might recommend observation at a hospital. It was agreed that I would make arrangements for Carl to go to the hospital and M could phone me about her decision, but as she was going out of the door she said that she already knew that she would not accept this recommendation. She thought instead she would get him into a private school.

2/11: *Psychiatric examination.* Carl is a tall boy. His nails are bitten. Carl's manner when we first met him was rather belligerent but as we accepted his hostility and did not provoke him, he became more cooperative.

He wakes up in bed at night screaming and once found himself walking to the door saying "the sink is running away." Asked about his difficulties in school he said that another boy had bothered him and he had scratched him with a pencil. He said he hadn't thrown plates around the cafeteria. He had gotten cardboard plates from the cafeteria and was using them as boomerangs in a game with other boys. He felt that everybody was against him in school and that his teacher hated him. He showed no insight whatever into the fact that he provokes others by his own attitudes and behavior. We asked him if he thought people were talking about him and he said, "Yes, people are all the time talking about me in school." He referred here to the teacher. When we asked him if on the bus he felt people were talking about him, he said no. When asked if he'd ever been frightened by anything, he said yes. He had a dream. In this dream there were heads hung from a ceiling and there was a dark scissor-like machine that was coming closer and closer to him. He still feels frightened when he thinks of that dream. He said he wants to leave school when he is sixteen and go to work. On the other hand, when asked what he wished to do, he said he wanted to be a construction engineer. He showed no awareness of the fact that these wishes were incompatible. The boy's parents have been separated for several months; he said he didn't know why and he regretted it because he likes his father. He didn't discuss his relationship with his mother except to say that she didn't give him an allowance because he could always ask her for money and she gave him all he wished to have.

Impression: Carl is an emotionally disturbed boy who tends to blame the outside world for his difficulties. He has a very rich fantasy life. He

appears to be obsessive-compulsive with a great deal of anxiety, but we think he is emotionally disturbed enough to recommend observation at the hospital for more intensive study. M strongly resisted our recommendation that the boy be studied at the hospital. The boy came into the office and she said to him, "The doctor thinks you are emotionally disturbed but there is nothing else the matter with you." This comment seemed to please the boy very much. Later he said that he knew he had problems but he didn't want to discuss them with his mother or anybody else. He was rather interested in going to the hospital but wished to discuss it first with his aunt. The mother said "You can discuss it with me. I'm your mother." M could see no reason why the boy couldn't go back to school and blamed all his difficulties on the school. The family were planning to leave the state in the spring. We explained that the boy would not be permitted to go back to school, and we stressed as reassuringly as possible the fact that the boy needed help and that he would be helped most by going to the hospital. M said she treated the boy like a husband because she spent all her time with him and she was sorry for him. He was lonely. M impressed us as being a highly neurotic, rather disturbed person herself.

2/12. M telephoned. She said hospital was out unless he would be able to attend every day and not stay overnight. She will buy a car soon and take him to another state.

Psychiatrist thought we might suggest that he attend the out-patient clinic at the hospital if M will accept nothing else.

3/20. M telephoned; she said that through a contact she has at the Board of Education she reached a principal who agreed to accept Carl. She was told that our consent was needed. I reviewed our thinking about Carl's being a sick boy and needing observation. She scoffed at psychiatry, claiming that the family doctor had seen Carl and said he was a perfectly normal boy and she therefore felt that he must go back to school instead of loafing around on the street. I then mentioned that change of school involved getting permission from the assistant superintendent of schools but that it was still our judgment that Carl should not be attending school without the benefit of more careful psychiatric examination than is possible in a clinic. M became quite abusive and threatening at this point. Ended with the statement that she was going directly to the psychiatrist's office.

3/21. Superintendent feels he would consider only one school for Carl, the one which had been recommended to mother before he had entered last one. As a matter of fact, he had entered this one through a subterfuge, as mother had altered the record. Their own record file indicates that a

year ago M reported that Carl had attacked F with a pair of scissors and that M had then separated from F. Another record indicates that Carl was apprehended for shoplifting and M has a court record, having been summoned by a neighbor on a charge of assault. We agreed that it was up to the superintendent at this point to assume responsibility for telling M what her alternative is if she does not accept our recommendation.

4/7. M is going to various schools in an effort to get Carl readmitted.

5/10. Spoke to attendance officer on the telephone. She seemed irritated both with the personnel at school and clinic. She said she had been at school a few days ago when Carl had wandered in for working papers. Others had been too busy to see him and besides they handled him like a hot potato and so she had seen him and had given him blanks for working papers.

She felt that we need no longer be concerned about Carl as he has improved greatly. When I explained our efforts to get in touch with him she said we should have called the attendance bureau. Although M moves very frequently and they do not know her whereabouts, they have ways of locating her.

When I wondered what would happen in September, she thought Carl could go right back to school. I expressed doubt about this possibility unless our clinic psychiatrist were to recommend it. She here disagreed, saying Carl is a quiet and lovely boy who is making a brave effort to adjust. When I pointed to the duration of his problem she said that although we had known him for such a long time we had not helped him at all. Now M has taken him to a doctor who really knows how to help; he has given him the right kind of medicine. She accepted the fact that Carl would have to be seen by our psychiatrist in any event and said she would cooperate with us about bringing Carl in for re-examination.

6/11. Employment Certificate Office phoned to tell me that Carl had just dropped into his office, very happy and in splendid condition. He had secured an employment certificate as he is to work as an usher. The boy's entire attitude is splendid, they assured us.

8/8. M came to office and spoke to social worker. She again pressed for Carl's re-admission and did not accept plan for re-examination very well. When M and Carl came to see me, both were quieter, but despite momentary acceptance of the need for a psychiatric examination, both would burst out with threatening comments about contacting important people or showing the Board of Education if we did not return Carl to school. Questioned about hospital, both M and Carl spoke quite readily.

M said she had entered him during the summer but he could not endure being locked in and cried so much that M removed him after three days, whereupon M said cajolingly that, after all, he was not "mental" and she need not worry.

Attendance officer was now working in a new area. They seemed less sure of Carl's soundness mentally, but were still unusually protective of the boy. They had obtained working certificates twice for Carl during the summer after helping him get jobs at movie houses, but he got into some difficulty with the police for monkeying with cars.

I also spoke to hospital worker about Carl's stay there. He was admitted at M's request and removed by her the next day. This apparently followed the court hearing, but was a voluntary action on M's part. M told the doctor that Carl was involved in frequent shoplifting, though he had never been arrested for this. She also said that she has had to move very frequently because of patient's tendency to get into fights with people. Carl himself blamed the influence of a gang, wept, and expressed remorse. He told worker at hospital that F drinks excessively and is abusive to him when drunk; also, that paternal grandmother and aunt are also alcoholics. His attitude toward F ranged from remorse to deep hostility; toward M his attitude was one of resentment for being watched so closely by her. He expressed a liking for baseball, football, and basketball, and talked unrealistically of a college career. He mentioned having had a girl friend for the past four or five years, but denied any sex relations. Carl impressed doctor as nervous and jittery. Bites his nails. For the past few months he has been a chain smoker. One doctor thought his symptoms were suggestive of an acute anxiety neurosis; another, that he was possibly a psychopathic personality. This was inconclusive since based on only one day's observation.

8/15: *Psychiatric examination.* When he entered the room today, Carl was surly and unresponsive but expressed no hostility or antagonism. After considerable reassurance and encouragement he gradually lost the tension he was under and began to talk more freely. He answered questions readily and expressed some thoughts and ideas spontaneously but showed little regard for truth or consistency. It was soon apparent that he was trying to impress and he did not hesitate to embellish his stories with false details or tell gross prevarications if he felt it would help his cause. At first he tried to deny any social conflicts but realizing that this stand was untenable turned the blame for social aberrations upon other people. Later he was willing to admit that there were times when he started fights and also that he derived considerable satisfaction out of causing trouble for other people when he became frustrated and could not get what he wanted. He had no liking for school and wanted no part

of it. Furthermore, he had no intention of putting forth much effort to better his relationships in school and expressed the opinion that the school should adjust to his desires rather than expect him to conform to regulations. He showed no insight into the fallacy of this reasoning and no guilt or regret concerning past experiences. This same attitude was carried over in his relationship with his M. He fully expected and even demanded that she conform to his ideas and plans with no consideration of her rights or desires. So far as we can tell he has succeeded in this parental domination to pathological proportions. Naturally this has created an impossible situation in which the conflict between him and his mother has grown and will grow progressively worse. There was nothing to suggest that his attitude toward his father was anything more than contempt or disgust, even though he did not openly berate this parent as he did his M.

Carl's activities and interests have been strongly influenced by many years of improper management and mistreatment. He cannot find satisfactions through normal channels and his school career has been so fraught with conflict that his achievement has fallen far behind so that he cannot compete on reasonable terms with his peers. As a result he has resorted to fantasy or self-indulgence for what little peace or contentment he could find. In this way his reason and judgment have become grossly impaired and his self-control is virtually nonexistent. He has shown some signs of anxiety in his restless sleep, his badly bitten fingernails, his outbursts of temper, his tense muscles and clammy palms, but his conflict is that he cannot get what he wants rather than a struggle to conform to socially acceptable standards.

M has been unable to work with those who have sought to help Carl and from time to time she has resorted to threats and outbursts of temper. When seen today she was at first hostile and aggressive but she was able to work through some of her resistance and recognize that her son really was a misfit in the public schools and that her persistent demand that he return to school was not a solution to her problem. She expressed guilt and regret, then finally acknowledged that the time had come when she had to accept some plan for a separation from her son. Within the past few months Carl's conduct had become more and more distressing to her. She believed him to be under the influence of a group of older boys and men and she did not know where he was or what he was doing. He was disrespectful and defiant towards her. She got him a job as an usher in a theater but he quit after one day. She told of his appearance in court last summer. His story was that there was a girl in the neighborhood who "hung around" with him and his friends. When the mother of this girl saw him she reprimanded him for going with her daughter, then slapped his face. This so enraged Carl that he threw a lighted cigarette butt in her face. In turn, for this she reported him to detectives who found that

he was carrying knives. They appeared before the justice who dismissed the case when the mother promised to take the boy to another state. Details of the trip were confused and unreliable.

Impression: We are dealing here with a boy whose personality deviations are deep seated and long standing. He is far beyond the bounds of being a treatment possibility, particularly with the home situation as it is. The pathological relationship between this mother and her son makes it imperative that a separation be effected. He has already started showing signs of serious delinquent behavior and if the present situation continues he may become involved in criminal acts. There seems to be no possibility of a satisfactory school adjustment and it is unreasonable to ask any principal to accept responsibility for this boy in his present condition. An exemption from school will lead to no satisfactory solution because there is no place for him to go and nothing for him to do. M has agreed to work toward placement in an institution. If she fails to carry through on this plan, the only alternative we can see at present is to refer the case directly into court. *Diagnosis:* Psychopathic personality.

8/16. M had agreed that she would get court action, which would lead to his commitment to a desirable institution. She had apparently been convinced that she should do so by his increasing delinquent behavior and by her interview with the doctor. However, the feeling was not sustained, she wanted only a voluntary commitment; subsequently M and Carl contacted attendance officer. Officer again was swayed by Carl's and M's pleas that Carl would turn over a new leaf, and he urged us to reconsider the suspension and give Carl one last chance in a public school, a probationary school. He said that Carl and M were now willing to consider such a school. Although we were skeptical that he could adjust even there, and pointed to possible hazards to the other students, he was unconvinced and added that if Carl failed to adjust, they would then have a good court case which would result in Carl's commitment.

8/23. School related a recent episode involving Carl. He had formed a habit of coming to the schoolyard and only yesterday had grabbed a boy by the throat and choked him until the boy had released his school pass. Carl had been definitely identified. They expressed fear that other boys from the school would be harmed, and wanted immediate action.

12/13. Received a call from a patrolman. He said that he has been trying desperately to get Carl into court as he is convinced the boy is a serious menace to the community. About two weeks ago Carl had an altercation with a passer-by, drew a hunting knife, and cut the person. Unfortunately, the passer-by finally refused to file charges.

12/20. Carl has been brought before the children's court on charges of truancy. Judge, after considering hospital and the state school, decided to have Carl change schools. He had ordered, however, that the boy be brought back to court if he was truant for even a half day. Later teacher called and was quite anxious as Carl was already very difficult. After one hour at school yesterday he had beaten up a boy. He smoked in school and was later put off a bus for smoking. He told the teacher he smokes marijuana cigarettes.

12/25: *Closing statement.* Carl is a seriously disturbed boy first known to the clinic at eight and again at fourteen when he was involved in attacks on other children. Examination by clinic psychiatrists resulted in recommendation for observation at hospital. M, also a highly disturbed person, refused to carry out this recommendation but accepted a three months medical suspension. At the end of that time re-examination indicated Carl was too disturbed to permit re-entry to school. Because of M's resistance, school personnel became actively involved. Situation was finally brought into court after a series of assault charges against Carl. Remand to hospital followed, and a diagnosis of psychosis was made, with mother at present fighting the court's efforts to institutionalize the boy.

2/10. Yesterday the truant officer found Carl near school brandishing a big stick. Parents had been able to take Carl out of hospital with the aid of a lawyer. Subsequently a warrant is out for his arrest as he had disappeared with his mother.

ADULT OUTCOME

Completed nine grades of school. At the age of twenty, he was admitted to a state hospital for mental illness. Following his release from the hospital, he was convicted of grand larceny and sent to the state penitentiary. Rejected for service at age twenty-two.

Henry

REASON FOR REFERRAL

Child is a thumb sucker. Stutters. Disobedient, uses abusive language to mother. Seems effeminate. Overprotected by widowed mother.

REFERRED BY

Caseworker of private religious agency which is working with M.

PERSONAL DATA

Age eight years, nine months. Fourth grade. Lives with widowed mother. No siblings listed. M gets nominal income from insurance. SSI: none. IQ 86.

8/21: Social history. Henry's maternal grandmother came into our office asking for his placement, saying that he was a "behavior problem" and that his mother did not know how to manage him. Our information concerning H is primarily what M has told us about him. H had been at camp the greater part of the summer, and since his return we have only seen him once.

M is a widow in her late twenties. Her husband died in an accident before H's birth, and she has been receiving a nominal income from insurance. In the past M had lived with her mother and another married sister, but at present is living alone with H in a two-room apartment. The sister had been known to one of our district offices, and our contact indicates that the grandmother had been a dominating factor in directing and attempting to control her marital life. It is grandmother who has suggested placement for Henry, and who approached our agency as well as several other agencies for aid in this direction. She has also urged M to take him to medical clinics and had suggested that M go to work after H

is placed. M appears to accept her mother's suggestions without any opposition.

H is described by both M and grandmother as having been born "abnormal." However, a report from the hospital states that his delivery was normal and that upon discharge he was a well, normal baby. For the past year he has been a patient at a medical clinic where a diagnosis of undescended testicle was made; all other findings were negative. H is receiving injections for his condition. However, according to M, he is supposed to have begun walking at the age of three and talking at the age of five. M tells us that his legs were never strong, and that when H was an infant, they were encased in a plaster cast for many months. Grandmother has reported the following symptoms which led her to believe that the child should be taken away from his mother. He is a thumb sucker; he stutters; he is disobedient; he refuses to obey M and uses abusive language toward her. M corroborates her mother's statements about his disobedience and use of vile language, attributing these factors to the influence of children in the neighborhood. She minimizes his thumb sucking, saying that it has partially cleared up during his stay at camp. She hasn't noticed him sucking his thumb since his return home. He also learned how to completely dress himself and feed himself while at camp, which he had not done before he went away. M admits that she was always resistive to Henry's being away from her and only allowed him to go to camp after much pressure from friends and relatives. She has seen a great deal of improvement in him, meaning by this that he is less boisterous and will obey her more readily.

M is constantly being told by her friends that H is "not normal" but we do not feel that she is ready to accept this statement because she tells us that if he were not normal, he would not be in his right class at school. We interviewed his teacher of the previous term, who described him as being an average student and no problem in the classroom in any way. However, she always looked upon him as being rather effeminate, and he was not well liked by the other children because he was a "tattle-tale." The teacher had never heard him use vile language while at school. M always brought H to and from school. Once when the teacher had to tell M that H's spelling book was not in good condition, M became so upset she tore the book. On another occasion they had to call M to school because Henry had left the line of march with the other children and suddenly decided that he wanted to climb up one of the walls of the building.

M expresses some feeling of chagrin because she does not think that H speaks as fluently as other children of his age. When we saw H, he was with his mother; he seemed to be very shy, giggled a great deal, and would answer questions only in monosyllables. He sat with his head drooped between his shoulders, and M would keep poking at him to raise his head,

saying that it was a bad habit. M has been consistent in her request for H's placement. At first she was uncertain as to where she would want him sent, but since his return from camp, she feels that he ought to be in an institution where he could have the companionship of many other children because he acted so favorably at camp and was even reluctant to come home. She feels that his present environment is not good for him. What lies behind these statements, we do not as yet know. It is also difficult for us to know at this point whether H is really a problem, or whether he might not develop into a problem if left to remain at home and receive the same overprotective treatment from his mother. We are hoping that further contact will reveal more to us than we have at the present time.

8/23: Psychological examination. Henry is a rather tall boy for his age who seems well nourished. He adjusted readily to the examinations and showed in general good effort and cooperation. He responded in a relatively immature manner for his age from a social and emotional viewpoint. His speech also was infantile in certain respects and sounded generally immature. He has an occasional stutter which becomes accentuated when fatigued.

In view of his language limitations and discrepancies he showed in his response to verbal and nonverbal mental tests, it seems inadvisable to make a final rating of his general intellectual capabilities. The indications are that he has at least low average intelligence and that he ranks with those individuals who are able to complete the work of the elementary school grades in about the usual amount of time.

His present mental level does not seem altogether adequate for the work of fourth grade. His present achievement ratings are also not altogether adequate for the work of his present grade, but reveal that he is making fairly good use of his mental capacities in his school subjects. It is highly desirable that he be placed with a slow group in which he can receive a slightly modified curriculum and some individual aid.

8/23: Psychiatric interview. Child was interviewed immediately after lunch after he had been with the psychologist all morning. This may be part of the reason why he seemed to be so tired. He showed a marked motor restlessness, pulled his cap over his face many times, played with buttons on his jacket, and stuck his fingers one by one through holes in the top of his cap that he evidently had cut.

He smiled frequently, showed no antagonism to examiner but was quite indifferent to the questions asked during most of the interview. Questions had to be repeated very frequently, before any other response than "Huh" was elicited. He is easily embarrassed and is without doubt a lonely child. This was shown definitely when he followed the examiner

into her office after the interview was over. He says that his mother doesn't like him to play baseball and yet, so he reports, became angry with him because he will not go down and play out of doors after school. He reports that he has one good friend.

He reports that he has dreams in which he gets "mad" and that after these episodes he cannot get to sleep and then just sits up in bed. He admits that he bites his nails and when questioned about any fears, he said, "In the hall there is something light running; it comes running back of me and then there is nobody there and I get afraid." Child could not tell in detail whether this was at nighttime or whether it was when M was not at home, but he gave a definite impression that he can be easily frightened. When any personal relation was mentioned, he became ill at ease, embarrassed, and evasive. He claims that he prefers his grandmother to his mother because she likes him, and then when questioned after about M's attitude, he replies, "She likes me sometimes." Child says that he would like to go to school alone but M will not let him.

Child lacks spontaneity in creating his own activity and shows that he has been very dependent upon M's guidance in this direction. While he is not happy with her, he at the same time shows the typical reaction of not wanting to be away from her. His better adjustment and pleasure at camp indicate that the child's difficulty is largely the situation between him and his mother. Recommendations about this child are dependent upon more information gained about M's attitude to the child.

8/29: *Conference.* H's whole personality and behavior reveal neurotic components. M, whose whole ambivalent attitude towards the youngster reveals a basic rejection covered over by an oversolicitousness and anxiety, is the one on whom treatment should be centered. Unless there is some change in this, it is possible that H will become a definitely emotionally sick individual.

9/1: *Case closed.*

5/1 (*Eight months after case opening*). Private religious agency worker reports that H seems to have improved a good deal. In school he is doing better work; at religious recreation center, which he attends regularly, he is said to be more active, alert, and social.

M has moved to a better apartment. She still considers H a problem child and still has tremendous conflict about placing him away from home. The religious organization has been working with her towards this end but unsuccessfully. Status: Improved.

9/16: Psychological re-examination (two years after case opening). Certain current observations are rather interesting when compared with those indicated in his original examination. Henry continues to be rather large for his age. He was neat and clean in his general appearance. In many ways his general behavior was much improved. He was a good deal more self-reliant, less fearful, and was more able to act independently of adult aid. For example, he remained at this office alone and arranged to go home by himself. He was relatively less infantile in many respects than in the original examination. Under observation he showed very good effort and cooperation.

In one respect, however, there seemed to be some accentuation of a previous symptom. He stuttered badly in the present examination and for this reason it was difficult at times to elicit oral responses. Though at the time of his stuttering he shows certain spasms, a gasping for breath, and a slight irritability at his inability to say a given word, he shows surprisingly little evidence of the general emotional characteristics of the stutterer. He has shown relatively good accommodation to this difficulty in terms of his emotional and social reactions. In terms of his overt behavior it seems fair to say that he has shown much improvement.

In the original examination it was indicated that the ratings obtained were probably not true ratings of his general mentality and that at a minimum he undoubtedly had low average intelligence. The present examinations confirm this. Although it was not possible to secure a specific IQ because of his very marked stutter which interfered with his verbalization of responses, there seems no doubt that he has at least average or high average general mentality.

The level of Henry's present mental capacities seems adequate for the work of sixth grade, his present grade. His achievement ratings are in some respects below the level of his present mental capacities and grade placement. When one considers the difficulties in his home situation, his developmental background, and his frequent school transfers, it is not difficult to understand why H should be showing relatively inadequate attainment in some respects. It is more surprising that he should be doing as well as he actually is.

10/15: Letter from private religious agency.

M returned to the agency in the fall of this year with a request for help in working out a plan for the care of H outside the home. She had previously been known to us for a year and a half when she presented the same problem. Although she experienced conflict about placement, that was the only plan she was considering. She terminated her contact with us despite the fact that she hadn't worked through her difficulty. Since her return, both she and H have been seen on a regular

weekly basis. M has been pressing for immediate arrangement for H to be admitted to an institution. She is unwilling to consider a foster home. Although she denies having any feelings against placement, it is doubtful whether she actually accepts the plan. Her mother seems to be a large motivational force for placement.

M is still extremely anxious over H's health. She manifests the same concern as she did in previous contacts about H's behavior and attributes the blame for it to her inability to control the boy. She reiterates that he behaves well with strangers and is liked by them. If he remains at home, she envisions him as never becoming a "normal, disciplined" person. She says that at home he still does not dress himself or eat without her assistance, and that he has food fads. If not given what he wants, M says he has temper tantrums during which he sometimes strikes her. Rather than have him get excited, she usually permits him to do as he pleases. She says, however, that there has been some improvement in his behavior. She believes that he does not masturbate as much as he did a year ago and that he has nightmares less frequently; that he exerts more self-control under irritating circumstances; and that he now mixes with children nearer his own age. The symptom which she feels has become progressively worse is his stuttering.

In school he is in the slow group. His teacher reports that he is doing superior work and is making a good adjustment. From him, however, we learn that he dislikes school. If any conflict arises between him and his classmates, he says that he does not stand up for himself but tells the teacher. Although he stutters in class, the teacher did not consider this to be a serious speech impediment, and she said that the other children do not pay attention to it.

He has expressed negative feelings towards his mother, but only in terms of her not permitting him to go to the movies as frequently as he would like, nor letting him listen to television or radio programs he enjoys. He has, indirectly, expressed aggression towards me during our interviews by criticizing the articles available, defeating me in play, etc. When placement is discussed, he resists the topic and stutters more severely. Apparently, he has not accepted the idea of leaving home. He speaks of not wanting to lose his friends, although actually, from what he tells us, there is but one boy with whom he plays and they are constantly quarreling and making up.

At this point, we feel that a psychiatric examination is important in determining our future direction in the case. M presses for placement, while H strongly resists it. In view of the serious symptoms the boy presents, do you feel that separation from his mother would be too traumatic an experience for him? If so, what are your recommendations?

10/30: Psychiatric interview. Henry is a pale, full-faced, rather unattractive-looking boy of eleven. His hair is unkempt. He generally has a silly looking grin on his face. He has a rather slovenly manner, often gives the

appearance of being foolish or silly. He has a number of mannerisms that suggest a very low cultural background. He is quite infantile. He stutters most of the time. The stutter is moderately severe but not extremely so. It is not difficult for him to make contact with an adult when no demands are made of him. He is quite responsive to an encouraging approach. There is considerable contrast between his intelligence and some of his foolish ways. He often acts like a mental defective, yet a great deal of his remarks and behavior would lead one to realize that he is a boy of average intelligence.

H's main difficulties center around his relationship to his mother. This relationship is an extremely pathological one. They are constantly quarreling, fighting. In most matters he is the victor if he persists long enough.

An important area of conflict centers around food. H has a number of food fads and hates such things as spinach. M insists that he eat for health's sake. He refuses. She jumps on him, sits astride of him, holds his nose with one hand and forces the spinach down his throat with a spoon in the other hand. As soon as he is able to do so, he spits it out. M thereupon thrusts another spoonful in his mouth. This continues for some time until one or the other gives in.

Sometimes he gives in if M promises to give him money for the movies that she has previously denied him, or makes some other concession about a problem over which they have recently been in conflict.

Another area of conflict is over religious school. Here M is unyielding. H has to go and hates it. He complains greatly about the teacher. He said she beats him and is mean to him. He tells how he brought a joke book and lent it to a boy there. The teacher grabbed the joke book and tore it up. He says defiantly, "I won't go back there till she gives me back the ten cents. What does she think you get joke books for—nothing?" He does not stay away from religious school because this offense would bring him a beating from M.

Another important area of conflict is about the movies. H is very fond of the movies and likes to go on weekends. He asks for money. M refuses to give it to him. He begins to whine and nag, repeating over and over again, "Give me money. Give me money." He then begins to cry, scream, kick his feet, and throw himself on the floor. M says, "I won't give you money if you cry day and night. It's no use. You might as well stop it." Sometimes she persists in this attitude, but most often she does not. If he continues his tantrum long enough, she gives him the money. Because of her variable response to his tantrums, he is not sure at any one time whether persistence in the tantrum will earn him a quarter or a severe beating with a broomstick.

He spends most of his time after school out of the house playing in the street or in religious school. M shouts, "Go downstairs and play a

little. What are you hanging around the house for? Get out and get some air. You're too lazy. Get out of the house." He reacts to this as a rejection of himself and feels that she is forcing him out to get rid of him.

Toward the latter part of the interview Henry brought out a number of additional difficulties with M. He indicated that he stole from her whenever the opportunity presented itself and sometimes was beaten for this.

H has been sleeping in the same room with M for a long time, sometimes in the same bed. He has only thinly disguised incestuous fantasies in regard to M. On many occasions he had peeped at her while she was in the bathroom or while she was getting dressed or undressed. He has several times caught glimpses of her in the nude and has been profoundly impressed by these glimpses both toward excitement and toward distress. He masturbates practically every night and while doing so thinks of other boys but at times substitutes for them the more guilty thought of seeing his mother in the nude, particularly of seeing her breasts. M knows about his masturbation, beats him for it, and tells him to stop playing with his penis. She often threatens that if he keeps it up, she will make a girl out of him by putting a pair of bloomers on him. When he was younger he used to think of marrying his mother. Now he feels that she is too old for him.

During the quarrels with M she becomes very excited, begins to slap him, then grabs some household object and hits him with it or throws it at him. He also becomes very excited and hits her back. He says that last year or a few years ago M used to work as a housemaid. He liked it better when she worked because then she would leave him money with which to buy his meals. He wishes she would start working again. He says his stammer is most severe when he is fighting with her. It is apparently also true, though not certain, that it becomes severe after he has seen her nude or partially nude.

He says he does not dislike school except on Friday, which is the day he gets tests. Last term he used to hate school because he had a terrible teacher, but she has been kicked out of her job because she was so mean to the kids. She used to hit him with a ruler for doing any little thing. He felt like killing her and cutting out her guts. She would hit him because he would talk to his neighbor. He would get even with her by writing jokes about her on a piece of paper and passing it to the other boys. He would write that she is very fat and sometimes that she had a fat ass. He told with pride how cleverly he used to cheat in her class. He had all the answers on a piece of paper which he kept between his legs. When the teacher came near his desk, he would put his knees together and hide the paper. He was taught this trick by his friend. He comments proudly that his friend was caught five times in a row because he would forget to close his knees when the teacher was near, while H was never caught. He feels

very competitive with this boy, who is tough, and is proud of this evidence of his superiority. This term he has a very nice teacher. She doesn't hit the kids. He likes her and now he doesn't cheat. Another reason why he doesn't cheat is because it's too near graduation. He is in sixth grade and if they caught him cheating, they might hold up the graduation.

He has many friends and leads an active social life, but his relationship to his friends is much impaired. He apparently has a reputation of being a tattler. When a stronger boy is aggressive toward him, he always tells the teacher. The boy then gets a bad mark, calls H a big rat, and tries to beat him up again. He also tells boys' mothers about their aggression toward him and gets them punished in this way. Joke books play an important part in his life. He has large numbers of them and uses them to bribe boys so they will not be aggressive toward him. For example, he says that the boys do not tease him about his speech if they want to read his joke books and all of them want to read them. He is a poor fighter but a good runner and few of the boys can catch him when he tries to run away. He likes various athletic games which he plays especially in and around the schoolyard.

His friend, who is quite aggressive toward him on many occasions, has taught him about mutual homosexual activity. They do this fairly frequently and he enjoys it a great deal.

Henry is very fond of his maternal grandmother, whom he sees almost every day. Whenever she can, she gives him money. She is very kind to him. She never hits him but always defends him against M's attacks. She not only stops M from hitting him but sometimes even has attempted to attack M while she was beating him to make her stop. H is very delighted with this evidence of grandmother's affection.

H has fantasies of being a "big pickpocket." He has invented a contraption consisting of two sticks, a piece of metal, and some rubber bands with which he says he can take things out of boys' pockets without their noticing it. He made a small model of this for the examiner, and though he did not have the proper equipment with which to make it, he took much pride in his skill at manipulating the device. He said that at school he would take pencils and papers from other children's desks with it and he would also take handkerchiefs out of their back pockets with it. When he tells about his device, he elaborates it a good deal and says that he goes to the subways and robs men and women, taking things out of any pocket he pleases. It is clear that this latter was a fantasy. This activity has considerable symbolic significance which could be determined upon further contact.

H showed less than the usual irritability and distress in regard to his stammering. As has been stated, he stammers worst of all when he quarrels with his mother. With his grandmother, his speech is the best. He says it is

also very good with his speech teacher at school. He has some difficulty in speaking with his friends, but it is generally not marked unless he is excited. When he is excited and quarreling, his speech is always bad. He used to be teased for it but now is not because he gives away joke books.

In the main H accepts his infantile state. He says he will be eleven. He is sorry that he is getting older and would rather be ten. The reason for this is that when you are younger you are "more younger and more smarter. When you are old, you can't run so fast." On the other hand, there are some adult strivings.

H occasionally has dreams which frighten him. Sometimes in the dream a monster comes and chokes him to death and then he wakes up scared. At other times the dream turns out better and he laughs at the monster while he is being choked. He has a fear of being kidnapped by a man who might be hiding somewhere. He has a fear of dying. H was told that sometimes the fear of being killed may be related to a feeling of guilt about some wrongdoing and he was asked whether he felt guilty in any way about anything. He then said that he knows it is wrong to steal and he feels guilty when he gyps and picks pockets.

H said that when he was younger M used to threaten that she would send him away and he used to get scared. Now he would like to get away from the house. Two weeks ago he visited one institution with M and the place seemed very nice to him. He is eager to go there. H said that he sometimes wishes that he had a father, whom he thinks of as a person who will buy him things, give him money, and take him places.

H's home situation is an extremely pathological one and has had a profoundly disorganizing influence on him. It would seem advisable to remove him from the home as soon as possible, particularly because of M's overt rejection of him and her own wish to send him away. It is suggested that some plans be made to get M to consent to a foster home rather than an institution. A foster home would be preferable for many reasons but particularly so because of the boy's overt sexual activities, a rather serious problem at an institution. If it is possible to induce the mother to consent to a foster home, it would be quite important to have one that is well organized and well run, where he could get consistent handling. At the same time the boy needs and would respond to a warm, encouraging atmosphere. Placement in a foster home will obviously mobilize more guilt in the mother and it may prove impossible to overcome this. If this be the case, placement at the institution suggested should be tried.

4/10. The religious agency worker telephoned for further help. She states that M is so resistive to foster home placement that she suddenly went to the court this week to try to get H sent to the institution which had first

been under consideration. This is the institution that has refused to accept H because of the history of overt sexual behavior. She is afraid that M will even grab at another institution in her present desire to place H. Placement there would be highly undesirable. The court is prepared to force a foster home placement. M has definitely refused to consider a period of observation at a psychiatric hospital. She seems to feel that she would be punishing H to send him there.

We told religious agency worker that our psychiatrist would not be inclined to force foster home placement if M definitely resists this. If M cannot be influenced to send H to the psychiatric hospital and the one institution will not reconsider admitting him, psychiatrist feels that the other institution might even be considered.

4/27. Agency worker reports that M is now willing to take H to the psychiatric hospital. She arrived at this decision after going to the court and another agency. The first institution considered will not admit him and M does not want the other one. M is now saying, however, that H will not go to the hospital willingly and she wants to take things up with the school.

5/26. Reopened for further consultation re placement. M has as yet not taken any definite steps toward a period of observation at psychiatric hospital or direct placement. The case is now inactive with the religious agency until M takes the initiative for further contact.

7/13. Henry was admitted to the hospital.

ADULT OUTCOME

Completed tenth grade. Rejected for service at age twenty-one because of stuttering, emotional instability, bed wetting, and marked neurasthenic manifestations, with a formal diagnosis of psychoneurosis, severe.

Rick

REASON FOR REFERRAL

Nervousness and lack of confidence. Extremely sensitive about mother's lameness.

REFERRED BY

Principal.

PERSONAL DATA

Nine years, ten months. Fifth grade. Lives with parents in comfortable economic circumstances. One sister, one year older. SSI: none. IQ 121.

9/28. Visited school. Principal said that Rick seemed like a nervous, high-strung child to her, and that his apparent daydreaming was interfering with his school progress. She felt the root of his trouble was his mother's lameness. Rick's teacher is young, with little experience. She seemed to have a good deal of difficulty in handling her class as she talked to me. She said that he is restless, occasionally getting up and going over to the window without permission and for no apparent reason. He seems "babyish" to her. Other children pick on him and he does not defend himself. She also remarked upon his poor writing and general poor coordination. As she talked with me, I noticed that Rick was the only one in the class who was occupied. He was reading, and the teacher explained that the reason was that he had good manners. Rick's teacher is doing all she can to bring him up to grade.

10/4: *Social history.* Visited M by appointment, since she had phoned saying that she would be unable to come to the office. M occupies a large, well-furnished apartment in a good neighborhood. She is a young, nice-looking woman who is very badly crippled. She walked with great diffi-

culty, leaning on a cane and assisted by a maid. She finally arranged herself on the couch, half sitting, half lying on her stomach, and squirmed continuously, apparently in great pain. She was very shy and self-conscious in her approach to me. She told me that she too felt Rick needed some help.

She said he is an unstable child, particularly compared to his sister. He is restless, unable to concentrate on one thing for any length of time. Even if she sends him to get something for her in another room, he forgets what he is sent for. She has noticed increasingly that he is very babyish for his age. He will play with a string, some paper, or a box for a long time, while he loses interest in his erector set almost immediately. She knows he has no mechanical ability. She knows too, she said, that a good deal of his difficulty stems from her own illness. She has been in the hospital for long periods and the children have had some bad experiences. One nurse they had when they were about six, for example, used to make them get into bed with all their clothes on and stay there for hours at the least provocation. Another time Rick stayed with her mother for several months. M could see right away that Rick's stay had done him lots of harm. She knew her mother had babied him. He would practically "goo-goo," giggle, and carry on in the silliest fashion imaginable. Every time she returned from the hospital she could see the children, Rick particularly, getting worse and worse.

M told me about her illness, saying she did not want me to be sorry for her. She had always been a very healthy, active person. Over three years ago she developed a bone disease which required a series of operations. The last operation was a year ago. Other times she has been able to walk for a while at least after the operation, but this time she showed no improvement at all. She cannot be comfortable lying down or sitting up, she cannot sleep well, and she is in continuous pain. For a long time she took morphine at the doctor's recommendation, but it got to the point where she felt she was becoming a drug addict. She decided that if this pain was going to go on, she would have to learn to live with it. She cut out the morphine entirely, was very sick for a few weeks, but has never gone back to it. In all of this discussion I felt a great deal of strength in her. Her attitude was not so much just "bearing her cross" as it was trying to find some place for herself in spite of her illness. Her own self-consciousness about her condition came out very clearly. She spoke of friends who inquired about her and pitied her, and of how she could not stand this. She told of her lonesomeness when they moved here. She returned for a visit, and was so upset by seeing her old friends and having them look at her that she was overjoyed to come back here where she knew nobody. She keeps away from neighbors for fear they will ask her about herself. She referred to one neighbor who asked Rick what was the matter with her.

He said "I don't feel like talking about that right now." M was very proud of his response—he had rebuffed her and still been a gentleman. M stays indoors practically all the time now. She spoke of how marvelously considerate her husband was, how she had so much to live for—her husband and her children—and her own effort to make the best of her life.

She met her husband at work. They fell very much in love. They had the same interests and had a wonderful time together before and after their marriage. He is very capable, she said. His transfer here a year ago was a promotion. M was married when she was twenty-one.

She felt splendid during her pregnancy. Rick looked like a scarecrow. He had a large frame and absolutely no flesh. He was bottle fed. Even after he came home he had to be kept in flannels, surrounded by hot water bottles, and handled with care. After each feeding he had to be held in an upright position for twenty minutes or he would throw up his feeding. He sat up at eight months, walked at eighteen months, and talked at twenty months. He has been a healthy child. M feels that Rick and his sister have been well-mannered, good children.

She had not sent him to school until he was six. She felt that he had sufficient companionship at home and she spent most of her time with the children. She spoke nostalgically of skipping rope with the children in the back yard, taking them skating, hiking, etc. She noticed from the start that Rick never stood up for his rights. He would do anything to protect his sister but he would run when he was attacked. He does not seem to know how to play with children his age. His sister and he get along beautifully, but the girl is the dominant one. She orders him around, and he is only too glad to do things for her. M says he seems to have gotten into the habit of thinking that his sister is smarter, stronger, and better than he is in every way and she takes advantage of this. M has been trying to encourage him to stand up to her, to assert himself more, and feels that he has made some improvement, even reflected in his association outside the home. She recognizes that it may be more difficult for her if Rick gets to assert himself more, but she is willing to put up with it if it is for his good.

She said that she thinks she and her husband have not always been perfect parents. She, probably because of her illness, and her husband because he does hard mental work all day, do not have all the patience in the world with the children. They realize that they shout at them too easily, that they expect too much. Sister gets more of this than Rick as she is livelier. She leaves her things around, while Rick is most meticulous about everything.

Rick had trouble in learning to read, but with special help from the school and from M, he mastered it, and now reads very well. He is having the same trouble with arithmetic now, but she is not worried. He has made

up his mind now to master that, and she thinks he will. Both children are great readers. Much of their leisure time is spent with books. For the past year Rick has been sharing a room with F, occupying a twin bed, for M felt that her turning and twisting disturbed her husband.

M talked about how sweet, considerate, and helpful Rick is at home, while his sister is not. He always waits on M, is concerned about how she feels, while sister does not pay much attention. She realizes that Rick is too sensitive about her illness, and related the same story the school had told about his objection to her coming to school with a cane.

On the whole, I got the feeling that M was very positive, understanding, and intelligent in her attitude towards the children, but that the reality of her illness, towards which she has not yet been able to work out an adjustment, has been adversely affecting not only herself but the children. She was apparently happy at the opportunity of talking with me, and I felt that she was dreadfully lonesome.

10/6: Psychological examination. IQ 121 (minimal). Rick is a tall, lanky child. Although he tried to seem calm and happy on his arrival, showing this by his beaming face, he was obviously insecure about his abilities and afraid of tackling things when he felt threatened. He was very responsive during the test situation, seeming to feel the need to emphasize the good time he was having to the point where even this seemed an indication of his tension. He was unusually spontaneous in discussing his relationship with his sister and introduced her name into the picture frequently enough to suggest that he considers her far superior to himself and uses her to tide him over his difficulties. He also spontaneously referred to his fearful dreams while taking the personality test.

Psychological findings indicate that Rick is a boy of superior intelligence who should be able to make at least regular progress in the elementary grades. In spite of the fact that he has serious difficulty in arithmetic that will need individual attention, his problem is essentially not an intellectual or educational one but centers around his mother's illness and his feeling of inferiority toward his sister. Psychiatric examination is therefore necessary.

10/10: Psychiatric examination. Rick is a tall youngster, slender, very friendly. He does a great deal of smiling. When he came into the office he immediately picked up the toy gun, looked at it, began to put it down, and when it was suggested that he use it, appeared somewhat apprehensive, saying "It would be too much noise." It was suggested that he go ahead and shoot it, no one would mind the noise, and he proceeded to do so, apparently enjoying himself a great deal. He remarked that his mother did

not like guns, that there was too much war. He lined up the dolls, said they would be spies, disguised as women. He then proceeded to shoot them down methodically. After a while he remarked "I thought I'd have a lot of hard work here. I need it in arithmetic, that's my bad subject, but this is lots of fun." He carefully avoided any discussion about his parents; spontaneously told of his dislike for school, chiefly on the basis of the dirtiness of the school and the children. He asked examiner not to quote him because he would not want anybody in the school to know he felt that way. He was very lonesome for his old school. Later, however, in talking about his grade in school, he showed some anger because they had left him back. "Was I mad! I still am mad about it." Only very casual remarks were made about his sister, and when specific questions were asked he managed to avoid answering them. Because of this general cautious and apprehensive attitude no attempt was made to do any probing.

Spontaneously he told a little bit about his own reactions. He referred to his temper: "When I have my temper I really fight but I hate to have it. I don't like it." And again "When I try to do something and cannot do it I get mad at myself. I hit myself on the head. I get disgusted."

When he was brought into the examining room and told to take his shirt off he remarked "The shirt's all right but I won't take my pants off." He was told that we would not insist that he take off his pants, and then he relaxed a bit and proceeded to cooperate throughout the examination. When his abdomen was examined he crossed his legs and held himself very rigid. To test his reaction he was asked to loosen his trousers and he carefully unbuttoned the top button so that the lower half of his abdomen could be examined. When we proceeded no further than this he said "That's all right but I won't open them up anymore." He was told he would not have to. Then asked specifically why he was so afraid he merely shook his head and made no response. When his eyes were being examined he said there was something about his eyes that worried him, that when he is in bed trying to go to sleep something inside his eyes forces the lids open and keeps him from going to sleep. This is very uncomfortable and he wishes something could be done about it.

10/14: Initial conference. F is an intelligent, capable man who is very interested in his children. M, too, is intelligent and very warm. Her difficulty lies in the physical area. Both parents have been eager to have model children and have repressed Rick and his sister a great deal.

Rick was described as a compulsive neurotic who probably has terrific fantasies about his mother. Psychiatric treatment was considered essential for him, and the clinic will undertake this. He should not be put under any pressure as far as arithmetic is concerned. No tutoring in this will be

undertaken at the present time. M should be advised to have a recheck of his eyes.

Summary for November and December. M was able to accept the fact that Rick had been pretty much repressed at home, and while we both recognized that M's illness was responsible for much of this, we saw too that the parents' ideas about child training had been very strict. M felt that they had been mistaken in many of their demands on the children, and set to work to figure out how she could be able to make some changes.

She brought out in subsequent interviews that Rick had been getting much more aggressive both in the home and in the street. She wanted to celebrate when a youngster came into her house saying that Rick had given him a black eye. Rick had a logical excuse and she did not scold him. He had been playing more and more with the boys in the neighborhood.

M had discussed the situation with F, who is in agreement with the suggestions made about allowing Rick more opportunity for expression of aggression. He has cooperated too by spending more time with Rick.

M has been a Christian Scientist for about a year, and was in some conflict about this. She had had talks with a practitioner who has discouraged her from doing anything further medically for herself. Her own wish to do so became stronger in these weeks, and at the last interview she told me that she had already gone to see a doctor. F had arranged the appointment without her knowledge, expecting her to be upset about it, but as a matter of fact, she was overjoyed. She still feels that something can be done at least to ease the pain, and she wants to do this. M is able to discuss her own problems without any apologies, understanding that her own feelings have much to do with the problems of her children. She has talked about the difficult situation sexually because of her illness, and her realization that this affects the behavior of both herself and her husband.

Her efforts to maintain contacts with people were discussed, and as a matter of fact, while I was in her home, each time we were interrupted by several telephone calls from friends inquiring about her. Most of these have been elderly people who "pity her because of her illness." I have treated her illness very matter of factly, and after her first surprise at this, M's reaction was a very free one. She can discuss it directly without going to extremes of self-pity.

Rick's coming to clinic has precipitated some reaction in his sister. When I was at the home, she insisted upon breaking into her mother's room many times, and in engaging me in conversation afterwards. M phoned in a panic on one occasion, saying that sister had been having hysterics. At midnight she discovered that daughter was apparently sleep-walking. Then daughter threw herself on M's bed, clenching her fists and

moaning, "I can't stand it, don't let them get me, it's terrible," for a long time before M could soothe her. A second episode was much the same. F is out of town at the present time, and M was terrified at daughter's goings-on.

Principal was interested in report on Rick. She felt that his teacher was immature and would not be very helpful to him. However, he had been given a part in a play, and she felt that he blossomed under that recognition. She talked about his sister, who she says can write exceedingly well. She thought sister was a little too sure of praise, a little too cocky, and she suspected that sister was a high-strung, nervous child too, although she did not show it directly.

W went to the home and found F there with his wife. We talked about the present situation with the children. F said that he felt that sister's night terrors were due to extreme fatigue. He had her stay home from school for a day or two and had given her sedatives at night and the night before she had slept quietly throughout. He felt that the problem was a serious one. In discussing this with him I introduced a few other possibilities. One was that his absence from the home gave her a certain amount of insecurity and another was the possibility that Rick's getting special attention at this time, leaving her somewhat out of the picture, might be disturbing to her. In his talk about the children, I had the feeling that although his affection for them was great, he was apt to be impatient and authoritative. He referred to them at one point in a joking way as his problem children, and his wife suggested that they might be problem parents in some measure too. F said that he was relieved to find that I wasn't a "half-baked psychologist who wanted to probe into every aspect of their lives." This interview was terminated rather quickly because mother was in considerable pain and looked exhausted. Her husband was very affectionate with her and extremely considerate.

Summary for January and February. During this period, I made two school visits, one before promotion, at which time teacher told me that she had decided to change Rick from the class he was in to another where the general intelligence was higher, and where the social status of the pupils would be more like his own. She felt that one of the difficulties he was having was that he spoke so much better than other children that they tended to make fun of him and take out their jealousy by hostile action. At the time of the second school visit, she reported that this change seemed to have worked out well. Rick is doing nicely and getting along well with the other children.

The home situation has been extremely upsetting emotionally. M was removed to the hospital for another operation. For a while there was a question as to whether she would survive, but the expectation is that she

will be able to leave the hospital in about four weeks. Our contact with the family has been maintained through telephone conversations with F. He is an extremely repressive individual. He believes that emotions cease to exist if one ignores or denies them. His first reaction was that there should be no discussion of M's condition in the home. After doctor told me the effect this was having on Rick, and I brought the subject up with him, he did agree that he would talk with the children about M's condition, and allow them to express their feelings. He did this in a very mechanical fashion, telling them the facts of the situation, emphasizing how glad they should be that they had a live mother, rather than a dead one, and then asking them for an expression of their feeling. The sister ran around the living room eating chocolate; Rick asked his father if he would be allowed to cry. Permission was granted and Rick proceeded to cry.

He has been, I believe, rather unrealistic about his wife's recovery. He said that she would be home two weeks after the operation. He kept praising his wife's will power and expressing his certainty that this would take care of everything. It was only after we specifically advised him to permit the children to write their mother and visit her, that he agreed to do this. His feeling was that it would be too upsetting emotionally for the mother to see them, or to receive a letter. She has had what he calls emotional upsets, and he can see no reason for them. He idealizes his wife and makes her into a terrifically strong, superhuman kind of person. He says that she is not concerned about herself but only about him and the children. He denied that he has been given a "dirty deal" as she thinks and he said that it only is she who is suffering. She had a crying spell which he referred to as a kind of hysteria and when I said that it was quite natural that she should have crying spells, that she could not accept it very easily, he assured me that she could; she did not care for herself but only how she thought he might feel about it.

As far as the children are concerned, he believes that they are less nervous than they were. Sister seems happy and "chipper." Rick too seems to be much better.

My own feeling about my contact with F was that he was a great deal more hostile and punitive than his wife's description of him would imply. He seemed to me to be a compulsive person who has made it difficult for the family in spite of his good intentions.

Summary for March and April. Weekly telephone conversations with F have kept us in touch with Rick's family. The most important development has been the mother becoming psychotic following her operation. The hospital was unable to make a definite diagnosis of her condition, which presented symptoms of a mixed psychosis. They described it to F as a toxic psychosis. According to F he was led to believe that her recovery would

be rapid. At first he talked in terms of ten days and two weeks and it is only recently, since she has been showing definite signs of improvement, that he seemed to appreciate the fact that her recovery may not be such a rapid one. Some of the features of M's illness are of particular interest to us in illuminating the family relationships. She became psychotic when she understood that she would be returning home shortly. She became depressed and talked a great deal about the fact that she could not go home. She thought at times that she had died, and at other times that she was on the verge of death. She expressed a great many ideas about her husband's unfaithfulness, selecting one nurse in attendance upon her as the recipient of her husband's favor. She too had an imaginary love affair. Because of her feeling for this imaginary lover she explained that she could not return to her husband. When she was most depressed she talked little of the children except in terms of their rejection of her. They did not need a mother like her, etc. For a long time she paid no attention to her appearance and it is only in the last week that her husband reported that she became very much interested in her appearance, has been asking for silk underwear and housecoat. During the last week, too, she has begun to talk about returning home, fixing up her apartment, getting a few new pieces of furniture, etc.

F's reaction to his wife's illness was one of extreme emotional disturbance. He tried various tricks on the hospital to ascertain for himself the fact that his wife's illness was actually believed to be a result of a physical condition and was satisfied that it was a toxic reaction. He was indignant that his wife should suspect him of infidelity. He related this to their lack of sexual relationship over a period of a year but felt that she should understand that this meant nothing to him, that he was perfectly satisfied with his wife as she was. The sight of her disheveled state was more than he could bear. He asked the doctor whether it was advisable for him to visit his wife and was told that at first he should not visit her at all, then, later, once a week. He was more satisfied with this arrangement for he explained he felt that his visits upset her. He has tried to carry out literally whatever suggestions we have given him about his handling of the children. F has had to stay in with the children night after night. He realized that he was on edge and was unduly harsh with them. Eventually he came to the point where he said that when he felt himself "too nervy" he would make arrangements to stay away for the evening and so not subject them to his temper. He has consistently reported that both of them are doing very well under the circumstances. He does not feel it would be good for the children to know about M's mental condition and we have corroborated this, and he does not want his wife's family to know because he is afraid that they would come and cause more trouble. He cannot stand them. F explained

to the children that M is recovering but that it is taking longer than they expected at first.

Last week F reported the improvement in his wife. I got a sense of a good deal of anxiety about his wife's return. I commented on this indirectly by remarking that much as he looks forward to his wife's return there would be a good many adjustments to make. He knew it would be hard, but they had all gone through hard things so much that he supposed they would be able to work it out.

Rick's adjustment in school continues to be satisfactory. I have seen him playing with children in the neighborhood. He does not play organized games like baseball with the other children but seems to enjoy himself with one or two at a time. He always seems to be planning for his interview with the doctor and apparently gets a good deal out of coming here.

Summary for May and June. No personal contact with the family during this period. F was phoned every few weeks, but nothing of particular importance came out.

Principal of Rick's school was interested in and sympathetic towards Rick's family problems. She said that he is getting along better in his present class, and making a better adjustment with the other children.

The situation as far as M is concerned is about the same. According to F, she is getting better, but there is no definite date set for her return home.

9/16. W visited the home. Some friction was evident in M calling to her mother before worker came in. Physically M is looking very pretty and well. She was prettily dressed. Although she spoke of not wanting to think back on her physical condition or talk about it now, she brought the subject up several times and I felt that she really does need to discuss it.

After talking a while about her mental illness she turned her face away quickly saying that she did not want to discuss it. At the beginning of the interview she was hostile in a number of ways but seemed more friendly and anxious to have W visit her at the end. She seems to have forgotten much of the period of last spring. For example, she asked what Rick's trouble was, what we did here. She seemed to want to talk about herself, but obviously showed she felt she should not. She expressed extreme loneliness for their former home where people were very friendly, where they dropped in constantly, and her family was near-by. My impression was that she has been urging her husband to arrange a return, and that her mother is against it. At the beginning of the interview, after asking abruptly what we do with Rick, she said that they are planning to send him to the YMCA, and that they feel this will cure all his difficulties; she said that Rick's playing at the clinic of course seemed to them like fool-

ishness and nonsense. I gave her an intellectual description of Rick's need to express himself and his doing it through play particularly and the fact that these interviews must be kept confidential because of his feeling for his family.

W talked with the grandmother, who seemed very open in her rejection of her daughter and the whole situation. When I said it was nice that she could be here, she said that she did not want to be, she could not stay, she has her family in another city. She spoke of Rick as a perfect little gentleman. My impression was that the grandmother is an unusually self-centered woman who rejects her daughter and her trouble, almost blaming her for having it. She seems rather dull.

Mother spoke of her great outlet in athletics and dramatics before her illness. She also enjoyed social life and always enjoyed having people dropping in to see her. She has always been domestic. She spoke of her husband's tendency to lose his temper with the children and says she also does but not as much as he. They got into the habit of it when they were all so terribly worried but now they must get out of it. She said "anything you tell us to do we will try to do." One trouble is they feel the sister has to be told what to do very firmly and they cannot make a difference between her and Rick. The children do fight, and sometimes she is afraid they will hurt themselves wrestling around the kitchen when they get mad. She said that the daughter was particularly attached to her father and a number of times she spoke of her daughter with some hardness and hostility. Rick is different; he is sensitive. Both children are imaginative. Rick worries about her and is always trying to do things for her. He offers to help with the work. They are a very demonstrative family, and father gives her affection. Rick, she feels, resents this sometimes and is "like a little suitor." She does not think he imitates his father. She felt her illness had upset Rick, that he thought she was dead. She showed great feeling and blame for the hospital. She thought they had kept her family from visiting her and caused this attitude in Rick. Her own feeling when she was in a toxic state was that the children and her husband were dead.

In general in discussing Rick's treatment she said that he was expressing himself, but repeatedly said the "Y" would help him. Worker's impression is that she still has occasional disturbed trains of thought and some paranoid tendencies, and that her present reality is extremely difficult for her to face. She spoke of living a "normal life" but did not indicate her present relationship with husband. She still has some discharge and occasional pain, but nothing like her previous pain. She went into detail describing the illness, what it did to her and how she felt, how preoccupied she became with the pain.

9/20. Telephone conference with M's physician. It was felt that because of limited social work service and the seriousness of M's condition, together with the necessity for all contacts with her to be through time-consuming home visits, work would be limited to Rick's interviews with the doctor until further time was available. Rick's interviews would help him understand some home pressures, and the family would keep psychologist in touch with home problems.

9/29. I visited school, went over the situation with new principal. Rick has been getting on fairly well, better than formerly; still trouble with math. I emphasized importance of not pressing subjects, but giving help, encouraging Rick to express himself in school, and encouraging M in parents' group.

Summary for November and December. Information only through psychologist. Parents did press work in math. Kept Rick in, deprived of recreation, until psychologist persuaded them otherwise. M continued to be very upset. F punitive. Neither could face underlying fact of F's rejection of mother because of her illness. Sister continued to fight, while Rick turned in on himself more.

Letter to psychologist from Rick's father (three years after case opening).

Thank you for your inquiry regarding Rick.

As you know when Rick came to the clinic, his mother had been very ill. Her illness undoubtedly had something to do with his laxity in school work. However, I am not sure that this was entirely the cause of Rick's lack of initiative. The mother passed away last year. At that time Rick and his sister were in another town. Both of the children are completely readjusted. I have a sympathetic and efficient housekeeper, so that they are never without supervision—someone at home to do things for them. They are both happy.

Rick has a desire and a willingness to study, but the desire to play and have fun is far more engaging. He is a happy and a good boy, and I don't hound him. He does apply himself, but I must admit that he is slow.

His progress in music is significant, however. I started both of the children on piano last winter, and the music teacher is quite taken up with their appreciation and their ear for music. In fact, Rick puts in more time at the piano than does his sister.

I have tried to give you an objective picture of Rick as he is now. If I have failed anywhere along the line, I should appreciate your suggestions. I appreciate your help and your interest very much.

ADULT OUTCOME

Rick was hospitalized for one week because of a disturbed episode when he was in college. A diagnosis of schizophrenia was made at that time. He was permitted to return to his studies and graduated. During a psychiatric examination following graduation, he appeared fully rational, with normal thought content and good judgment. The examiner considered him to be in full remission. However, because of the above episode, he was rejected for service at age twenty-two as post-psychotic.

Ted

REASON FOR REFERRAL

"Child craves attention; nonconformist; flies into a rage whenever crossed; very immature in actions; persecution complex; always considers himself very much abused when scolded; is aggressive, but feels others are always at fault; has no respect for rights of others; is constantly involved in difficulties of others because he interferes when it is no concern of his."

REFERRED BY

Welfare agency.

PERSONAL DATA

Age nine and one-half years. Doing second grade work in a special class. Living with foster mothers, no siblings. Economic situation very poor. SSI: none. IO 74.

2/1: History from the welfare agency. Principal referred him to us a month ago because of behavior difficulties in school. Ted is unusually small for his age. His behavior is extremely infantile; he demands constant attention and approbation from teacher. Feels the other children constantly pick on him and annoy him and refuses to take responsibility for his part in quarrels. He becomes resentful and sulky when punished. He is described as a nervous, jumpy child who seems in constant fear of being beaten. On one occasion when he came to school without a pencil and was reprimanded for it, he wept because he felt he would be beaten at school as he is at home. He gives the impression of being insecure and his manner combines a mixture of aggression and shyness. Throughout his school career he has done poorly and is at present in a special class. Has special difficulty in reading and arithmetic. Teacher feels he has intelligence enough to pass and do well in his work but is blocked emotionally.

Very little is known of child's background. The whereabouts of mother is unknown. Child is living with a Mrs. Hughes and she is our only source of information. She reports that five years ago a friend of hers who had boarded with M brought child to her, saying that M was prostituting and neglecting child. She describes him then as a "model child." He did well in school and presented no behavior difficulties. She knows M had neglected him even then because he told of running the streets and stealing from pushcarts in the company of older boys. Mrs. H. attributes her success with him at that time to the fact that he was younger and "you could shake him better." M took him back after six months. Mrs. H. insists she does not know why M did this, but the friend who had brought Ted to her mentioned the possibility that Mrs. H. had beaten the boy severely. Three years later this friend again brought Ted to her. Immediately after this, M disappeared and has not been heard from since.

Mrs. H. feels boy has changed considerably in intervening years, and, we feel, is rejecting of boy. She insists he is no behavior problem at home and discusses it only in terms of the school. She says he is impudent and sassy to the teacher. She is threatened by need to discuss boy's behavior, feeling that it is a reflection on her. States frankly that each time she hears a protest she beats him severely with a strap. Sometimes she questions the efficacy of this because it doesn't seem to make any difference to him. There is some suggestion that Mrs. H. has been attempting to find M in an effort to return boy to her. She constantly threatens to send boy away.

Mrs. H. shows some concern about boy's nervousness. She feels he is unusually "jittery" and fidgety. At times he becomes forgetful and tells "stories," mainly around reasons for delay in coming home. Mrs. H. appears to have some feeling that Ted is mentally ill, but did not enlarge on this. We feel she gives the boy good physical care. She says he has enough to eat and should not have any problems. However, she does not encourage him to bring children home. She is resentful of contact here and the need to have the child studied, so resisted giving information. Ted sleeps well and has his own cot in the living room. He eats well. Mrs. H. describes him as frail; takes cold easily. Last week he was playing in the kitchen and poured hot water on his chest, scalding himself. She kept him home two days and he was treated at a hospital. This was described coldly and with irritation over boy's clumsiness.

We seriously question Mrs. H.'s adequacy as a foster mother. She is fifty-nine years old. She supported herself doing housework up until ten years ago when she was accepted for relief assistance. She has received assistance since that time, insisting she cannot work because of a tumor. For four or five years she refused to attend a hospital for medical examination, saying she knew it would result in a recommendation for operation. When she did attend the clinic under pressure, a report was received from

the hospital describing her physical condition as due to "menopause and neurosis." Doctor felt she was employable. There was no mention of a tumor. From the relief record, it appears that she is erratic. She has moved ten times in the last seven years, usually owing her landlady rent. She had a licensed certificate which gave her authority to preach the Gospel and baptize. She has also been active as a missionary at a nearby mission. The relief agency is not aware that Ted is with Mrs. H. The landlady is assisting Mrs. H. in providing boy with food and clothing. We do not fully understand the relationship between these two people.

As we have said, it has been extremely difficult to secure information from Mrs. H. She has broken appointments and agreed to allow boy to be referred to clinic only because she understood the principal of the school had the authority to insist upon this being done.

2/18: Psychological examination. Ted is a small, rather cute-looking child who was anxious to go with the psychologist. He made a good many bids for attention. At one point in the testing when the work got hard and he wanted help, he got very sullen and had a minor tantrum.

The child lives with several women. He gives the impression of being overindulged and commented, "My aunt learned me to be gooder and smarter." He knows that sometimes he is bad and claims it is due to boys "teasing and messing with him and picking on him."

Ted likes school better than anything else. He wants to be a good boy in school and there is nothing he dislikes except when he is a bad boy.

The Stanford-Binet (IQ 74) indicates boy is borderline in ability. However, he does slightly better work on a group type test. This would indicate he has more capacity to go ahead independently than he is using. Ted did very well in a test of common information and one of social comprehension. In the Kuhlman-Anderson he earned an IQ of 81. In spite of impression of immaturity the Goodenough Drawing indicates maturity well in line with his general level.

In achievement tests, Ted is accomplishing all that should be expected of him in view of his potential ability. Both reading and arithmetic are at the second grade level, which is not far below that of his present class. Of course, he is seriously retarded for his age.

The boy's responses in the test were rambling, rather elaborate, and often without much point. He seems unduly interested in gangsters and elaborated on gangster ideas. It may be that the boy's recreational outlets keep him thinking in this vein.

It is interesting, in view of the impression of immaturity and dependence which he gives, that he was able to make a somewhat better score on a group type test than on an individualized one. Because of this, we feel that he is better handled in a regular school class than he would be in a special

class. However, if his problems become too severe, such a placement might be arranged.

The child is the only one living with several adults and we suggest that, if possible, some work should be done to direct their thinking toward making him less emotionally dependent and infantile.

4/2: Psychiatric examination. Ted is a nine-year-old boy, markedly undersized. He has a quiet, subdued manner, is careful in his movements, rather stiff. He walks as if he were carrying something on his head.

In the interview, he talked spontaneously and freely although not aggressively. When I suggested he might like to draw, he asked if it would be all right to draw a house. As he worked, he commented, "I'll use up all your crayons," rather apologetically.

The description from school is, "an infantile, attention-demanding youngster, complaining of other children annoying him. Resentful when punished, fearful of being beaten and presenting a picture of mixed aggression and shyness."

Ted says he does have quarrels with other children at school. Sometimes the teacher blames him for things he did not do but usually it is for something he has done.

He says he is never beaten at home except when he brings bad marks from school. Then he modified this. He said when he is bad at home and beaten, the beating is worse if his marks in school are bad. He said he has three mothers—Miss D., Mrs. H., who is staying with Miss D., and his own mother, who visits, according to the child, about once a month. All three beat him, Mrs. H. worst of all. When he is whipped, he hollers and tries to run away. He says that sometimes all three are against him. The only one in his family whom he likes is his grandfather. He likes to play tricks with him—hiding under sheets in bed, for example, and scaring him. According to Ted, his father deserted about two years ago. Ted calls the two foster mothers "aunt." Once last year when he was almost run over, he called Mrs. H. "mother" and she was terribly pleased.

Ted is an infantile and insecure youngster. He is a severe nail biter. He is confused about his identity and his relationship patterns, apparently having no real feeling of belonging in present situation. Further study of child is needed.

Talked to Miss D. for a few minutes. She had been greatly disturbed because of visit to clinic and had been persuaded to come only after much difficulty. Miss D. said that she liked to raise children and has taken in and raised several. She insists Ted presents absolutely no problem at home and dismissed his school difficulties as related to intellectual dullness and after all, she says, there is no reason why he shouldn't be a laborer when he grows up. He doesn't have to have school learning. She said that she

herself had never had any schooling and she has done very well. She owns three houses and has a Sunday school. When her mother died, she turned her attention to caring for children. She said that M visits very infrequently. Mrs. H. is apparently a co-religionist of Miss D.'s, who is extending help.

4/9: Psychiatrist's interview with M. M is an attractively dressed, pleasant-looking young woman in her sixth or seventh month of pregnancy. She expressed a great deal of guilt about Ted. She knows that he is unhappy and is distressed by his "nervousness." She believes that it is her fault and blames herself for not having had him at home. The solution which she sees is to take him home now. She believes that Ted gets adequate physical care with Mrs. H., but realizes that the boy is unhappy and is not getting proper affection. She wanted me to reassure her that Ted is not crazy.

In discussing the problem with her, I pointed out that this would be a very bad time for her to take Ted home since she will be absorbed for quite some time in the care of her new child. I suggested to her that the wisest plan would be to put him under care of a placement agency. M's fears about placement were that it might be permanent and that Ted would be taken away from her completely; that she would no longer have anything to say in the care or management of the boy and that she would never be able to have him returned to her again. I reassured her. I also told her that there is no need for her to make up her mind right away and that whatever plans were worked out would take into consideration the need to help her as well as Ted.

5/26: History from welfare agency. In four or five subsequent interviews with M, she has given us a clearer picture of boy's development. M became pregnant with Ted when she was fifteen years old and a freshman in high school. She felt very bad when child's father, whom she had known for several weeks, refused to marry her, and decided that she would not file a claim for support. At that time, her mother agreed to care for her. We gather that she was quite accepting of M's pregnancy. The baby was born full term. M was unable to nurse him. He was placed on a bottle, which he objected to.

M described a long series of serious illnesses. Ted developed pneumonia at age two months, was hospitalized. At four months he had whooping cough. When he was eight years old, he developed scarlet fever and was hospitalized for eighteen days. Later in same year he had mumps. The next year Ted had an attack of kidney trouble and meningitis and was in hospital for twenty-two days. A few weeks later he developed measles which settled in his eyes, but he was not hospitalized. M feels that one

of the reasons he was ill so often was that he refused to admit when he felt bad and would go on playing until he "just dropped." She said she observed no change in behavior after his return from the hospital. We feel it is noteworthy, however, that he was sent to Mrs. H. about a month later.

M said she was very strict with Ted in establishing his toilet habits. He stopped wetting by the time he was a year old. There were no relapses since this time and she never remembers his wetting the bed even occasionally. She has never observed any suggestion of masturbation.

Ted has always slept alone, usually on a studio couch in the living room. M said he had no nightmares and never walked in his sleep.

Both M and Mrs. H. said Ted enjoys eating, likes anything that is put before him. He began feeding himself when about nine months old and his table manners are good.

M says he at first liked school very much and adjusted well. However, at about seven years he began fighting in school, became mischievous and unruly; his work began to suffer about this same time. M handled this by scolding him. Ted also adjusted well with his playmates at first, played on an unsupervised basis until about seven years of age. He became involved with a gang of boys who were around thirteen or fourteen years old. There was some question of his being encouraged to steal by them. They took him on long jaunts and encouraged him to hang on the back of street-cars. He also became a behavior problem in school at this time. M seemed to have become irritated over this behavior and sent him to Mrs. H. because she felt he needed discipline. After six months she agreed to take him home because of his pleas that she do so. He told her when she took him out that he was very unhappy because of Mrs. H.'s severity. M insisted that the only reason that she sent him back to Mrs. H. the second time was because of financial pressures. However, from what we have learned, it seemed the financial situation was no more pressing at this time than it had been over a period of years. According to Miss D., a friend of M's brought boy there after he had been found wandering in the streets alone for several days. She insists that M had nothing to do with the second placement. M, however, denies this.

M's mother and father separated when she was very small. She has shown a good deal of affection for her father and has said she was glad he did not know of her "disgrace" in having Ted. Her mother has been known to two courts, presumably on either a prostitution or narcotics charge. She is at present living with a man. M is attached to her own mother and usually follows her suggestions. In considering any plan for Ted, the grandmother's attitude will have to be taken into account. We have no SSI clearings on mother herself. Apparently family has not been

known to any relief agency. We have real questions as to how they have maintained themselves since coming to this city.

M has expressed increasing guilt over her relationship with F. He returned last year and asked to see Ted, took him out to ride several times and seemed quite interested in the boy. However, he went away and did not return until last month when M wrote of plan to place Ted in a foster home. F is now thirty-five and seems quite prosperous. M describes him as being exceptionally strong. He is quick tempered, has a "lot of devilment about him." She feels that Ted is like him in many ways, especially when he is misbehaving. We have felt that there is a clear identification of Ted with father.

M formed a relationship with another man last year and is at present eight months pregnant. She has a severe syphilitic infection and is receiving treatments. In April she developed palsy and has been quite ill. Baby's father has not been to see her for two months and has refused to take any responsibility for new baby. This is most upsetting to her. She feels she has repeated same mistake twice. She seems incapable of making plans, although the father has indicated he cannot allow her to bring baby to present apartment from hospital. He has told us privately he is becoming rather tired of living with her and does not want the responsibility for any more of her family. We have discussed with M possible ways of meeting situation. She appears to want to continue to see us, even after Ted is placed. On the whole she has become more and more accepting of the plan to place Ted and there has been less guilt evidenced when she discussed this. She speaks of her desire to establish a home for the two children at some future date, but we do not feel this is serious.

Ted has made an exceptionally good adjustment in the Boys' Home. He has been cheerful and outgoing. He has made friends with the children. He takes a good deal of responsibility for keeping rooms clean. He enjoys being dressed up and is careful to prevent clothes being spotted. On one occasion he had what superintendent described as a "sullen fit" when he was asked to sweep the floor, but he soon overcame this and became cheerful again. He attends school and is doing well in his studies. Because of his affectionate manners he has become a favorite with the nurses at the Home.

Worker at welfare agency is at present investigating Ted's application for placement.

5/27. Ted has been at the Boys' Home for the past two months. Before he went to the Home, Miss D. told him he was going to the reformatory, that he would be beaten up, that all his blood would be drawn off until he had none left. However, Ted has been very happy at the Boys' Home. He

has been given a good deal of affection because of his cute ways and has greatly enjoyed his experience there.

In the interview, Ted announced he could draw even better than he had last time I saw him. Ted said that he liked black, but best of all he liked to use white paint. After he finished his pictures, Ted framed the whole in black. On another page, he drew a picture in black. He talked about Miss D.'s threats. He talked about going to camp but said he wouldn't like to go on hikes because he would be afraid of being bitten. He has heard there are snakes in the country. He has never been in the country, but he once saw what was described to him as a rattlesnake in a garbage can. The boys tried to scare him with it.

M had promised to take him home after a month. Now it is two months and he is still not home, and his birthday is two months away and he doesn't think she will come to carry him home then either. All this was said without much affect.

Ted seems to have reacted well to his new situation and is happy to be away from Miss D. and Mrs. H. He revealed a great deal of anxiety with his remark about snakes, also in his use of black, which in addition suggests a depressive tendency. The framing, the structural nature of his work, point to rigidity of personality which is probably defensive. Ted's experiences seem to have produced this personality constriction and rigidity of personality. Other than that, he seems able to react well to new situations and to find his place in them.

9/26: Case discussed at welfare agency. Two months ago the welfare agency placed Ted in a foster home in a town some distance from the city. He is making a good adjustment of many of his old difficulties. Social worker feels he has exceptional foster parents. He has been taken for an indefinite stay. Any effort on the part of M to have him returned to her will be contested by the welfare agency. *Case closed:* Status: satisfactory adjustment.

ADULT OUTCOME

In service four years. While in service completed high school level test. He earned excellent character and efficiency ratings. Though his aptitude level was somewhat below average, he achieved a higher than average promotion level, followed by a good discharge.

Raymond

REASON FOR REFERRAL

Nervous habits which reappear from time to time. Twitching in face and eyes, self-conscious.

REFERRED BY

Mother.

PERSONAL DATA

Age nine years, four months. Fourth grade. Living with father and mother. An only child. Upper-middle economic situation. SSI: none. IQ 120.

2/10: Social history. Father was raised on a farm and finished high school in a nearby town. He attended business college for a year, but returned to the farm because he was needed. He has done office and sales work since. He was married ten years ago. According to a family friend, F is successful in business, but at a loss as soon as he begins to talk about anything other than his business with his clients. He does much entertaining of his clients in the home, depending on mother to meet the social situation. F admires and appreciates her for her success in assuming social responsibilities of the family.

Mother attended a large university for two years, taking an art course. She then went to business college and worked in her father's office, which she enjoyed very much. M says that she dislikes housework, that she cannot see the glory of doing the menial tasks about the house. A family friend told worker that grandmother was influencing M to do "bigger things." She has an idea that M could write should she apply herself. She is eager that M find expression for her abilities. Mother herself is ambitious socially. She is on the go constantly, attending clubs, doing church

work, and getting her name on one committee and another. She has a line of small talk which is effective in social gatherings.

M was making a cake on morning of worker's visit. She was a rather plain looking woman. M repeated several times that she didn't think she was the type of person who should be a mother, that she has made bad mistakes in rearing Raymond.

Teacher said she was invited to the home for tea one afternoon. Mother was extremely formal. No personal contact was made with her at all.

Two years ago, the parents bought their own home, in which they are now living. The family life had been very temporary in character until their last move. F was constantly expecting to be transferred, and family owned little personal property. They had lived in five cities during Ray's lifetime, always in hotels except for a few months when they lived with a grandmother. Soon after moving into their present home, Ray pointed to a lamp, saying, "This is our own." He was under considerable restraint living in hotels and furnished apartments for so many years. The present neighborhood is good, consisting of homes of business and professional people with good incomes. Pt has a room to himself. There are no other members in the household besides the family.

F is away considerably and M says he comes home tired. M spends a great deal of time away from the home at clubs and parties. Pt is not closely supervised. The marital relations seem to be satisfactory. It seemed to W that M is apt to be so busy with her own affairs that she treats Pt rather impersonally. A teacher said that she noticed when she was there for lunch one time that he did not seem as free at home as at school, that M paid practically no attention to him, placed his plate of food in front of him without comment, and hardly seemed aware of the fact that he was in the room. Teacher rather thinks that she does not want to be bothered with him, but she expects him to toe the mark.

Pt was wanted, "fairly so." He was born only a year after parents' marriage, and mother decided she might as well accept the situation. Pregnancy and birth were normal. He walked at a comparatively late age; talking was normal.

When Pt was three, his eyes twitched and he twisted his body somewhat. The family doctor said there was nothing wrong. M noticed it for the first time on a bright day when there was snow on the ground, and she wondered whether that could be partly a reason for his habit. It disappeared, and for a long time it was only apparent in certain situations when Pt was uncomfortable. Two years ago, he wrinkled his nose, and his father kidded him out of it. Then he began pulling up his pants when there was no need for it. Late in summer, he began twitching his eyes again. Worker observed him in the classroom. On the average of once a

minute, he would protrude his lower jaw and blink his eyes. M has observed no other nervous habits.

Pt goes to bed by himself. M hears his prayers, but does not think of kissing him goodnight, she said.

In school, he has passed regularly and is now in the fourth grade. His grades are satisfactory.

His second grade teacher said that Pt was a nervous type who didn't express himself. She never became well-acquainted with him. He did very good work, was neither stupid nor lazy. He hardly ever volunteered; in fact, he was almost too quiet.

His third grade teacher, a motherly, elderly woman who evidently takes a great delight in children, said Pt was a very quiet, reserved boy; shy and backward, yet seemingly delighted to be noticed. He was very susceptible to praise and seemed hungry for love. He had good marks, was deliberate, and had a good mind.

His present teacher said that Pt is mentally not slow. He is quick and alert. He does rather poorly in arithmetic, perhaps because he is slow in motor execution. He thinks quickly but performs slowly. He is polite, shy compared to the other boys. Much of his hand work and written work is poor because he holds his pencil or crayon with his entire fist instead of with his fingers. It is this lack of hand control which thus far is teacher's most serious problem with him.

M was rather vague in talking about Pt's interests. He spends two or three weeks at their summer place every summer and enjoys it. He likes to read about Indians and active life. He likes engines and has always had a fascination for wheels. He can run his cars for hours. He likes to play wild games. He used to enjoy playing checkers with his father, but when F eventually did not play so that Pt could win, and Pt lost constantly, he lost interest in it. M says he is not interested in anything which he cannot do well. When Pt reads, he plays with the corners of his books so that they become quite worn. Pt is lazy about the house and "he is not worth a cent" because he is slow, as M says she herself is. Before they had a maid, Pt used to wipe dishes and fix up his room. Now he is supposed to pick up his clothes, but his pajamas are usually found on the floor. He likes jokes and riddles and reads all the comics.

Pt is given an allowance but he doesn't care for the money particularly. Once, however, he saved for a bicycle. Because of his careful saving, M increased his allowance temporarily so that he might get it sooner.

M says Ray does not have many friends. He enjoys playing with one or two at a time, but he does not care for a gang. He can always amuse himself. He does not like to be with older people, and he does not care for popularity.

M does not associate the appearance of Pt's nervous habits with any significant alteration in the child's life. M says Pt is very reserved and he does not talk about his daily activities to her. She does not feel that he is working up to his ability in school, although he is no particular behavior problem.

A family friend feels that Ray needed companionship tragically when family lived in her neighborhood. He is generally quite unresponsive to attention of people until he has a bond of intimacy with them. He very seldom answers her. She has given him things, buttoned his coat for him, and paid attention to him when he was on the street, but he barely acknowledged this.

Ray is often cared for by family friend's daughter and sons. After he has said his prayers they have noticed that he is uncomfortable if anyone remains in the room. On one occasion she lingered a bit with him, expecting to kiss him goodnight and give him the bit of affection which she always showed toward her children at that time. He asked, "What are you waiting for?" and expected her to leave.

M says she has no difficulty with him in discipline. He goes about quietly and she seldom has to take an issue to a showdown. She gives him a lot of freedom and rarely speaks crossly to him. Once in a great while, he has to be whipped. Although grandmother has reminded M that she should treat him with more affection, she says she does it for a while and then, because it is not her nature, she forgets. Although father thinks much of him and is a real pal to him, he too does not show affection. He is busy, often irritable, and criticizes Pt's manners. (Teacher said she thought Ray was afraid of his father.)

W observed Pt in the classroom. He was neatly dressed, with a pensive expression on his face, to which teacher called W's attention. He twisted his mouth and drew it down as he blinked his eyes. He seemed eager to volunteer in class discussion on Indians. On one occasion, teacher caught him dreaming; at another time, when teacher had to speak to him for talking to a neighbor, he blushed and began to work hard. He seemed very friendly.

5/1: Psychiatric examination. Pt is a small boy who, at the beginning of the interview, raised his eyebrows. Later on as the interview progressed he squinted the left eye and when one did not look at him directly, pulled down the right corner of his mouth. He endeavored to hide these mannerisms by keeping his hand to his chin. Pt likes school. He has a very good teacher, is in the fourth grade, and thinks reading and social studies are the best, although they are all about the same. When he grows up maybe he will be an engineer.

Pt's father is usually away three or four days a week. Pt states he likes

to play baseball and is able to swim a little. F has endeavored to teach him, and has also played catch with him.

Pt's mother wonders if Pt may have too little thyroid, inasmuch as he seems so sluggish and slow and has to be encouraged all the time.

He likes to stay in and read. He is rather sensitive if others do not like him. For example, because his dog enjoyed the company of some boys across the alley and would go over there and stay, Pt would not have much to do with them. M has had to whip the dog to stop him from going to these boys.

5/10. Worker called at the school. Pt was wearing glasses and did his writing lesson with his face very near his paper. He often tossed his head to the right. He was one of the few who had earned a new pen because of improvement in writing. Teacher said he was no problem whatsoever; he does very fine work and lately he has made splendid progress in his writing, which was one of his weakest subjects until about a month ago. She feels very sorry for Pt and is interested in W's visiting the home.

5/29. W called the home. M was very friendly and appreciative of what the clinic has done for Pt. Until this weekend the twitching of his eyes has entirely disappeared and was practically forgotten. It reappeared this weekend, and M thinks that perhaps this was due to fatigue. His glasses seem to have helped him considerably. He gets out with the boys in the neighborhood much more than he used to, and he is extremely interested in baseball, both playing it and attending games. F plays ball with him occasionally and they are pals with each other. Much to M's surprise, his writing has improved a hundred percent during this semester. M would like to have a worker call on her in the fall in order to check on the situation then and to cooperate in further treatment should it be necessary.

10/11. W observed Pt in the geography class. Pt took an active part in the lesson, contributing pictures to illustrate several points. Pt was elected president of his room this year. The teacher notes a great improvement. W noticed slight twitchings of the mouth and nose. Teacher said only once this year has she noticed severe eye tics. On that occasion Pt was reading before the class. He does not wear his glasses all the time, but teacher tries to encourage him to do so. W noticed that he spoke to the teacher in a quiet, slightly self-conscious manner, and had poor coordination in walking. Teacher said he is ahead of the whole class in his reading ability. Pt smiles enthusiastically during discussion and appears to be a decided asset to the group.

Later, W interviewed M in the home. When W telephoned for an appointment, M said the Pt was fine and she didn't think a visit was neces-

sary unless convenient to W. M said during the interview that Ray was much improved, but she had to give a great deal of credit to a healer. Last summer, Pt developed a head jerk which embarrassed M, "and him too," she hastened to add. M feared that people would think something was wrong with him, and she accepted the advice of a friend to try the healer. Since the middle of the summer, Pt has been undergoing two treatments a week. M notes Pt sleeps more quietly than formerly. Only once recently has he had a restless night.

M says that Pt plays outdoors from the close of school until bedtime. He has more friends than formerly. Last year M felt Pt was a great problem because he withdrew into himself and read. M regarded him as pitiful because she felt his behavior was not natural.

M said she would phone the clinic if she needed any further help. She appreciates what the clinic has done, and is especially appreciative of present teacher's attitude toward Pt.

11/8. W feels that at present it would seem unwise to press further contact with M, since she feels that the problem is greatly diminished, and does not feel the need of further clinic treatment.

In placing the whole problem entirely on a physical basis, M may have given Pt more attention on that score. It may be possible to work through the first grade teacher who knows the family. W plans to talk the matter over with her.

4/15. W visited Pt's present teacher in fifth grade. She remarked that Pt is a "sweet boy, but I could kill his mother." Recently teacher met M, and the latter remarked, "I understand you have my 'smart' boy now." Teacher felt that M smirked when she referred to Pt as smart. Pt has been having some trouble in arithmetic but teacher does not consider this serious; and she plans not to have him take home any papers that are poor, since M puts so much stress on school achievement. He is an errand boy, and teacher takes every opportunity to give him recognition. His tic is very noticeable, according to the teacher. She hopes to talk with F. Apparently, Pt is making a very good school and social adjustment, and teacher believes that his only need is for a new mother.

4/17. W discussed case at clinic. It was felt that since teacher believes the home situation is poor, the clinic might make another effort to stimulate the mother toward a better attitude in relation to Pt.

4/18. M stated that Pt "is getting along just fine in school," and that his physical condition is good. She felt that there was no reason for coming to the clinic unless the psychiatrist wanted particularly to see Pt. When it

was explained that the psychiatrist would be interested in making another contact with him, an appointment was arranged.

4/25. Pt was seen this afternoon, and there was some blinking of the right eye but less than previously. His mother said that on the whole, he was very much improved; and she thought he would be seen at his worst today. He cried on the way down, for this afternoon was the first ball game of the season and he had to miss it.

Pt said he was in the fifth grade and was passing. Lately, he has been the catcher for their homeroom team, where he has done well. He has also enjoyed going on hikes, and thinks possibly this summer the family will go to a resort.

Interview with Pt's M, who is cordial but whose voice appears a little more high-pitched than formerly. She maintains Pt is ever so much improved.

5/2. Since M apparently feels that Pt's condition has improved, making further contact with the clinic unnecessary, the *case may be considered inactive*. The initiative for further contact was left with M.

ADULT OUTCOME

Entered service at age twenty-three. Neurotic manifestations were evidenced prior to service. After five months he was admitted to the hospital as a prisoner following sentence for being absent without leave twice and for breaking arrest. He was suffering from aphonia and paralysis of right arm. History of nervous tic of head. He was given a psychiatric discharge from service with a diagnosis of conversion hysteria. Two years later diagnosed tension state, severe, mixed. Three years later diagnosed schizoid personality with inhibition, suspiciousness. Six months after that diagnosed emotional instability. Three months later, diagnosed pathological personality: chronic alcoholism. Shortly after this he threatened to kill his father. Three months after that diagnosed anxiety reaction, schizoid, hysterical, and alcoholism. Six years after discharge from service sentenced to penitentiary for grand larceny. Two years after that diagnosed schizophrenia, paranoid, and committed to a hospital.

Wallace

REASON FOR REFERRAL

Violent attention-getting behavior; hitting other children; poor coordination; work not up to level of ability.

REFERRED BY

Principal.

PERSONAL DATA

Age nine years, ten months. Fifth grade. Living at home with parents. SSI: none. IQ 144.

5/17. Report from teacher:

When Wallace first came to me, he would lie down in the clothing closet and prevent other children from hanging up their clothing. When going up or down stairs he would loiter behind the class or rush down, pushing or hitting the other children. In the playground during the ball game he would walk out to the center of the field and sit down or stand in such a way as to obstruct other players. In the classroom, he was constantly talking aloud either to other children or to himself no matter what else was going on. If he wanted something the other children had and didn't get it he would hit or scratch. He was extremely untidy in the classroom. He constantly demanded attention and was never happier than when allowed to make a long speech to the class. His physical coordination is very poor. He never completed a lesson. Although very bright he was failing in his work because of this behavior.

11/20. M called at the clinic, dressed in an expensive coat. She is a middle-aged woman of medium height. Her voice is marked by a somewhat

high pitched quality which is obviously the result of considerable anxiety about Wallace. She is extremely protective of the boy but seems to want help. Her first comments are about the school, which she feels has been mishandling the situation, although she admits that all the teachers have reported is probably true. Nevertheless, she indicates that Wallace has developed such a bad reputation that he is suspected regardless of who does anything in the classroom. She feels he has suffered from a succession of two poor teachers. His present teacher, who is regarded as strict by M and boy, got off with the least criticism, for M felt that the boy liked her because she was fair. It is obvious that the school situation has been made the subject of much home discussion and both parents have supported Wallace in his projection of difficulty on to the teachers.

Wallace is an only child. M said, "That's his trouble. I guess I've been too worried about Wallace to do the right thing for him." She confessed that she had always protected Wallace because he was an only child and in this way she had prevented him from developing proper social relationships. Up to about a year ago, Wallace was unable to play with children but she feels there has been a definite improvement although he is so intelligent that he seeks the company of older boys. He is inadequate in play activity so that children reject him because he is a hindrance. She blames F for her having to be so protective. She accused F of insisting on a very rigorous program for the boy. He is extremely severe. He is very proud of his record of military service, and he has attempted to instill a sort of military discipline in the boy but has failed. He has punished the boy severely, depriving him of his privileges sometimes for months, but he has relented when M has intervened. Therefore, there has been some clashing although the parents are careful not to expose the boy to this. In order to prevent the boy from being too severely controlled M has had to go to the other extreme to redeem the situation partly. The parents are happily married. F makes a good income and is attached to the boy. Nevertheless, F has interfered to an unusual degree. Whenever Wallace has brought home a comparatively poor mark from school F has taken it upon himself to spend hours tutoring the boy. These tutoring sessions have usually ended in F's violent explosions of temper. He is always keeping after the boy to be letter perfect. He prides himself on his ability to organize things. His boast is that he is able to put his finger on papers that he had put away fifteen years ago. Naturally, Wallace's incompetence and general sloppiness about his personal appearance and school work works on F like "a red flag to a bull." She has had to shield Wallace from F and has not told F of many escapades complained of by the school in order to protect Wallace from F's retribution. Wallace is aware that M has done so and she feels that he is in a sense taking advantage of her generosity.

11/21. Wallace's teacher reported that his behavior continued to be about the same. In addition, he had recently cornered two girls in the clothing closet and kissed them. The teacher felt that Wallace's behavior in regard to this was not as innocent as M on a visit to the school tried to make out, for it happened that the two girls he chose were the prettiest girls in the class. Wallace has always been well known to the school office, his attention-getting behavior frequently causing him to be sent to the principal. Teachers have reported that M showed extreme protectiveness. Up to a short time ago she used to come to school with Wallace carrying his books right to the classroom. When the principal attempted to remonstrate with her about this M's retort was not helpful and she indicated that she felt the school was picking on her. Another teacher reported that occasionally she would see M and Wallace having their lunch at a restaurant and when lunch was over M would tidy the boy up by combing his hair and fixing his tie, all of which behavior to this teacher seemed to indicate that Wallace was being kept babyish by M.

11/22. M called at the clinic with Wallace. Wallace is a well-developed boy, unusually big and tall for his age, with an alert appearance and shifty expressions. His eyes do not seem to remain fixed on any one thing but wander when he is being spoken to. He has a mild lisp and gives the impression of being rather babyish. He appears intelligent and responds when spoken to. When he came into the office M started to undress him. Wallace did not show any resistance to being so handled. A few minutes later F came in. He is a tall man with a military carriage. His face appears dissipated. He is dressed in well-tailored clothes. His manner is brusque and impatient. He appears to be a man accustomed to giving orders without any questions being asked. His response to worker's greeting is curt and his whole demeanor is that of a person who thinks that the visit is all nonsense. He says challengingly that he would like to know what the clinic can tell him. Worker suggests that the clinic is not in a position to tell him anything but possibly in cooperation with the school and the home can find ways of helping the boy. This leads him to an attack on the school in which he brings up the school's complaint about M bringing Wallace to school. He uses several "cuss" words. He demands to know from worker who will suffer if Wallace gets run over. Wallace is a notorious jay-walker and has on several occasions been hauled into the principal's office for walking through traffic in a perfectly aimless manner. This has forced the parents to accompany Wallace to school, although during the past few weeks that habit has been discontinued. He then turns to a criticism of Wallace, attributing the boy's general inadequacy to M's training. He believes M has been unduly lenient. He knows she has kept many things from him and he has been at a loss what to do because she

has not permitted him to take full charge of the problem. He feels confident that his method would prevail provided M would keep hands off. He recently threatened the boy with a month's suspension of all privileges as a result of a poor report card, and after several days the mother begged him to relent which he did. He knows it was the wrong thing but that is just the very problem that he has to face. He repeats much of what M has told the worker about his methodical methods and his ability to do a job that he has to do. He is convinced that Wallace would be better off in a military school. He believes that Wallace is taking advantage of the situation. He affirms repeatedly that he would do anything for Wallace if he showed the least appreciation. He points out that he has bought Wallace all sorts of gifts, taken him to outside activities during all of his leisure time, in the hope that the boy will respond. He does not feel that Wallace is afraid of him although there is considerable evidence from what M says that this is the case. Occasionally the profane language during the discussion appeared to embarrass M. F disregarded her, getting considerably excited about Wallace's inadequacies and his wife's protection of the boy. M countered with her argument about his severity and looked to W for support. W suggested that there was possibly a golden mean in the approach of the parents. M said that she was trying hard at the present time to be less protective. She wanted Wallace to grow up and not be a baby. She was letting him go to school alone. She was not putting any obstacles in the way of his playing with other children. She was even willing to send him to camp. She said that up to now she had been afraid of his going, feeling that he was not the kind of child who should go to camp. F remained unconvinced by his wife's argument, feeling certain that a month's rigorous handling would do the trick with the boy. W suggested that since neither approach had been successful, an attempt be made to find out what the youngster found difficult in his adjustment. F said that he is willing to let Wallace be examined but he didn't think very much of examinations. M hastened to assure the worker that F did not mean anything by this remark. F cited cases that he had encountered in the service in which strong discipline had been the redeeming factor. He noted his own father's severity and what good training it had been for him. The worker suggested that the need for a broad recreational program was evident in this case and offered to enroll Wallace in the junior activities of the YMCA as the first move in the situation. Wallace is very fond of swimming but M has prevented him from it, always feeling that something would happen to him. When the interview was over F started to bait Wallace with questions. Was he afraid of his father? Did his father treat him well? Wallace answered nicely, but from the boy's appearance it was obvious that he had no other choice and was rather frightened of F. Wallace, however, talked animatedly when M said that W had suggested his

joining the YMCA. F noted that he had looked up the worker's record in the civil service record. He said that he "liked to know with whom he was dealing." When the worker left the parents, F remarked that he hoped that something could be done for Wallace but he was pretty sure that he had the right method. The most outstanding impression left by F was his absolute intolerance of the other person's point of view.

11/28. Report from Wallace's teacher:

Wallace is young for the grade, has an IQ of 144, a reading ability of sixteen years, and an extensive vocabulary and fund of information. Yet his average is less than eighty percent because of his poor written work, which is due to lack of muscular control and inattention. He is not able to complete a piece of work unless he is constantly prodded. He reads incessantly, even to the point of neglecting work which must be done. He is restless and enjoys being the clown. He laughs longer and louder than anyone else at the slightest provocation. Whenever he leaves the room he must either be sent for or a patrol monitor brings him in for having caused a disturbance in the lavatory. He enjoys squirting the water at the drinking fountain in the hall so as to soak himself or anyone near by. He invariably returns with his face covered with water. He makes queer, guttural noises very often while working. At times, he sucks the back of his own hand until he is red in the face and gasping for breath. While doing this, he bobs up and down in his seat and does not seem able to stop, even though he is aware he is being watched. [Worker wonders about the possibility of masturbatory activity.] The girls in the class have complained that he has held them in the closet while they were getting their clothing and attempted to kiss them. His walk, speech, muscular coordination, sense of responsibility, and social habits in general are definitely underdeveloped.

11/28. M telephoned. She said that F had taken Wallace to the "Y." Wallace had shown great enthusiasm. As a result, he was enrolled in the junior activities. He has attended once and is most eager about the swimming. M said she had at first had considerable anxiety but was reassured by F that everything was all right.

11/29. M called at the clinic. She again complained about the school's attitude. She feels that Wallace has developed the idea that he has been hounded at school. She claims that he is no problem at home. He spends most of his time either playing or reading. His chief interest is writing stories or poetry. She believes that the "Y" is going to make a great deal of difference in his behavior. He is enthusiastic. He has already talked about several of the friends that he has met and has expressed a desire to bring them to his house. M understands that this is an encouraging sign which should be fostered at every opportunity. Wallace was a sore loser when he

started to play with children about the age of five. M also was afraid that Wallace would catch all sorts of diseases and so kept him away from youngsters. The result was that he has developed a most inept pattern in regard to recreational activity. He has poor motor coordination. His lack of practice she acknowledges is due to the fact that she has done most everything for him up to now such as dressing and even feeding him. He is doing better. Since her visit to the clinic she has decided to allow him to go everywhere he wishes by himself. He has begged for the opportunity to go to the "Y" by himself and M says that she is willing to let him do this but wonders if it would be all right. In order not to increase M's anxiety and to give her a gradual chance to accept the plan herself, W suggested that, if she wished, she could accompany Wallace for a few more occasions until she was absolutely sure that he could reach the YMCA by himself. She attributes her anxiety about Wallace to something that happened when the child was one year old. She had left him with a maid while she and F made a car trip. The roads were extremely icy and the automobile skidded. During the moment that this near accident occurred, M had visions of Wallace being orphaned. She screamed, became hysterical, and had to be attended by a physician. Since that time she has been unable to prevent herself from doing more for Wallace than she should. Wallace in this manner became unable to meet simple developmental activities which were insisted upon by F. M recalled that when the child was two he wanted him to be able to throw a ball in the proper manner. When the child failed, F would rage about it and scold the child. She is inclined to put most of the blame on her husband, feeling that he is measuring Wallace by adult standards in every respect, which the child has been unable to meet.

1/26. M called at the clinic. It is a considerable strain on F to refrain from criticism but she has warned him that she expects him to cooperate with the clinic. F was extremely attached to his mother and he was in a miserable state for several years following her death. His father died about two years ago. He was a rather severe man with old-fashioned ideas who dominated his family. F was sent to work at an early age after school hours and is very proud of his early experiences, which he thinks made a man of him. About a year before Wallace was born M suffered a miscarriage. Wallace was wanted by both parents. F hoped to have a son. M felt that there was considerable interference when Wallace was born on the part of his paternal aunt and grandfather. They criticized her for allowing him to cry and spoiled him with considerable coddling and generosity. Wallace did not particularly care much for either one. M is the daughter of an average middle-class family. She considers her marriage a successful one. She feels that F makes an impression which is not altogether fair to himself. She knows how to handle him. He gets excited and

then the trouble blows over. He is extremely generous to her and to Wallace and she feels he is attached to the child and thereby wants him to become perfect. He is a university graduate and is highly regarded by his many friends. He never turns any reasonable requests for assistance away. M considers her visits to the clinic to have been helpful. Already she claims she has been able to modify her previously protective attitude.

12/19. M brought Wallace for psychiatric examination. She reported that he is becoming more enthusiastic about the "Y" as time goes on. He asked F to permit him to join the Cub Scouts. F fell in willingly with this suggestion and took him down last Sunday to the group. M allows Wallace to go to the "Y" by himself. She admits that she brought herself to this point with considerable trepidation but after Wallace demonstrated his ability to take care of himself, she had become more reassured. F has been trying very hard to cooperate with his wife. He has refrained from nagging the boy. He has stated his intention of allowing the clinic's suggestions a trial. M apologized for her husband's attitude. She claimed that he is a difficult man to understand, that at heart he is generous although he is inclined to explode first when he thinks the other person is wrong. She made several attempts to get Wallace's IQ and was disappointed when this was refused her. She had with her a book of Wallace's poems which were well written considering that some of them were composed when Wallace was only eight.

12/19: *Psychiatric examination.* This boy is quite large, well developed. His features are essentially regular. He makes a rather nice impression except that his eyes are mildly shifting and he seems a little ill at ease. He has a tendency either to lapse into an uncomfortable silence or to talk too much, using vocabulary beyond a ten-year-old boy. However, he is careful to explain at the beginning of the interview that he is only ten, perhaps because he does not want to be held accountable for behavior and speech such as one might expect of his physical size.

It is with great reluctance that he chooses any work from the cabinet. With some urging he starts painting a ship, is afraid of making mistakes, is a little sloppy. It is noted that during his work he does considerable messing, rubbing the brush over the paintbox, getting paint on his hands, on the table, over the floor; he is mildly uneasy about this.

In discussing what he considers fun, the boy talks about reading adventure stories. Occasionally he resorts to comic books. The boy says he also gets fun from playing the violin. He has been doing it for one year. It is necessary for the physician to observe this boy over a longer period before coming to any decision about him. He is very defensive, gives only the right answers. Certainly one would like to see much more evidence of

his fantasy, which can only be gotten by observation. Question of school placement and how much can be done with the parents are paramount issues.

12/19: Psychological examination. Wallace is a good-looking, well-built boy of ten who looks older. He has keen eyes and a mobile expression. His left eye has a slight outward deviation which may give him the "shifty look" described in the history. (However, he looks as straight as he can.) He talks well and has a pleasant voice. He was socially at ease and showed considerable *savoir faire*, introducing himself with suitable small talk as if he were a guest eager to put the host at ease.

As the examination progressed, he showed signs of being wiggly and restless—not inordinately so for a boy of his age, but enough to be irritating in a large formal classroom setting.

Asked about school, he gave the impression that he is bored. He said he does well in some things but not in others—that on the whole he is about average in "smartness."

He finds penmanship particularly irksome. He says it makes him feel restless when he has to write so much. His marks are lowered because of his poor writing.

Wallace was highly cooperative during the psychological exam. He worked well with the examiner. When given a self-administering test in arithmetic—his worst subject according to him—he started out resolutely. In the very beginning he mumbled aloud, then stopped that. He asked a few unnecessary questions and wriggled around, but when this behavior brought no attention (except brief pointed answers) he turned back to his work and concentrated. His application to the work was as good as that of the average boy his age. His handwriting, too, is not conspicuously poor for a ten-year-old though it is below average for his grade.

The indications are that he cannot write better than he does. It is advisable not to criticize or emphasize his penmanship. It can be expected to improve as he matures physiologically, and his motor coordination improves.

Wallace has very superior intelligence (IQ 144). He has adequate intelligence to achieve a high degree of success in his present class.

Though he feels he is poor in spelling, he has an excellent phonetic sense. His reading is superior. He is about a term below grade in the mechanics of arithmetic. He has good insight into numerical processes but makes many careless mistakes.

It is recommended that a certain amount of flexibility be introduced into the curriculum of this very bright child whose restlessness is greater and motor skill weaker than those of his classmates.

One suggestion is enrichment in the way of reports, stories, poems, etc.,

contributed to a school paper, if possible. He has many interests and abilities.

He appears to respond well to reasoning on an adult level and may possibly be won to accept drill and drudgery (as in arithmetic drills) because of the larger goal presented.

Rorschach interpretation: Distinctly introversive. Compulsive thoroughness, anxiety. Lives most richly in his fantasy life, in creative imagination. Is keenly aware of outside stimuli but doesn't know just how to manage them. Retreats into self, but has capacity for good integrated relationships. Follows logical sequence. Actions primarily prompted from within self but affected by stimuli from without. Immature, instinctual, childish, impulses very strong. Rigidity, stubbornness.

12/19: Conference. The psychiatrist felt that Wallace should be seen again to secure more information, but the evidence at hand indicates that he is a neurotic child with many compulsive, obsessional traits. This was confirmed by the Rorschach.

The boy has been maintained on an infantile level by the mother. The father's severity has prevented him from releasing his hostility in the home, and has caused him to carry over his conflict and insecurity into the classroom. Since the school he now attends is run on a slightly more rigid pattern than some, his behavior has been less tolerable. Psychotherapy is indicated.

Wallace's inadequacy and consequent lack of status in the group motivates the clowning described by the teacher. He was not permitted to play with other children until recently and doesn't know how. It was suggested that broader recreational opportunities be provided. The suggestion of camp should be emphasized with the parents.

Wallace would probably be aided most by placement in a private school where the emphasis on dramatics, newspaper work, and literary performance permit an enriched, more individualized curriculum. Further acceleration is not advisable in view of his limited social adjustment. The suggestion of program enrichment should be made to his present school, although it is not certain how much of this can be provided for Wallace.

1/2 (Social worker). M brought Wallace for psychotherapy. There was no difficulty with him at home. He brought home a letter of commendation from his teacher in which it was noted that his work was neater although his spelling had fallen off because he had gotten two words wrong. The school is extremely strict about spelling. Since F will probably see this paper, the worker advised M to suggest to him that he commend Wallace and overlook the boy's errors. M was again defensive concerning Wallace's adjustment in school, although she was fair to the teacher, whom

she characterized as the best teacher he has had in several years. She did not see why the school was so upset when Wallace in an auditorium program disturbed the entire hall by imitating cats whining. She was somewhat put out when the worker noted that such behavior was inclined to be quite disturbing in view of the presence of many children in the average classroom. The worker suggested also that much of Wallace's behavior was compulsive and that he did not realize always that what he was doing was getting him into trouble. Therefore, it was unwise to punish him severely for such behavior. M could see this from the angle of the school but found it difficult to accept it as far as the home was concerned. Psychiatrist was at first reluctant to consider Wallace for treatment, feeling that the boy was extremely phobic and compulsive in nature and did not offer a good prognosis. Worker indicated to him that Wallace had made some improvement, according to the teacher, and that the parents were responding, at least in some degree, to recommendations.

1/2 (Psychiatrist). As before, the boy makes a rather unfavorable impression. However, he is far less defensive than he had been. He shows some of his poems. They are for the most part protests against war, demolition of property, that beautiful things no longer can exist, etc. The boy agrees that M prohibits much of his activity. She is particularly against his fighting. He does not like to fight but prefers trying to make his peace and then making wisecracks thereafter just to get in the last word. His teacher has complained about this and the boy actually sees the reason for his referral to the clinic to be that his quarreling annoys other people. He would like very much to have friends, but somehow or other has never been able to hold them. The boy continually feels let down by anyone with whom he plays. Physician suggests that the boy and he might become good friends. The boy says he would like it only he could not be sure.

The boy now talks about the "Y," that he likes it very much because there are organized games there. He says there is no fighting going on. Apparently the boy likes the peace of supervision and all of the boys working together. He is also fond of the Scout troop because there one receives recognition for work well done and supervision prevents quarreling. He says he would like to continue coming to the clinic in order to see if he could not get on somewhat better with people. He knows that the teacher is complaining about his quarreling and he would like to please her also.

1/30 (Social worker). M brought Wallace for psychotherapy. She reported that she had received no complaints from the school concerning Wallace's behavior and the indications were that he was to be promoted. She slipped the fact that she had had an argument with him this week

about putting his socks on the wrong way. Wallace had responded to his mother's nagging by telling her he wanted them on that way, obviously a form of rebellion. She brought up the matter of what was proper and what was improper. She laughed heartily when W noted that she and F were concerning themselves about the most minor things when there are many more serious and important problems to worry about. From her account, there is frequent battling in the home between the parents, particularly when F attempts to impose rigid requirements concerning the most petty things. For example, if Wallace were to turn his tooth brush the wrong way there might be an argument. Some resentment is expressed by M toward her husband concerning this point. She is as usual defensive and does not reveal too much. As she was about to leave with Wallace she made several attempts to help him with his coat but was restrained by W. Her comment was, "I know I shouldn't be doing those things." Wallace had a big safety pin, practically a blanket pin, attached to the inside of his overcoat, which M explained to be a relic from the days when he used to lose his caps frequently and had to have a blanket pin to keep from doing so. M in many ways continues to maintain him on an infantile level.

1/30 (Psychiatrist). Pt comes into the office, assumes a very lackadaisical mood, says he has not written any poetry recently and can only do so when he is inspired. He now begins fooling with the pencil sharpener, gets shavings all over his clothes and himself, seems a little panicky about it, says he cannot get the thing together again. Physician reassures him but suggests that he clean it up in orderly fashion. The boy says it is just this sort of fooling around and fiddling which gets much unfavorable attention and disapproval from F, M, and teacher. He is constantly messing. They think he is curious (which he is). Physician suggests he might wash his hands before he starts playing with the clay. The boy does so, successfully dirtying up everything that he touches—doorknobs, bookcase, desk, etc. In the bathroom he takes considerable time washing his hands and is heard talking to himself. He says he often does this. The boy on his return looks at pictures, twitches in the physician's chair, sits on the table, leans against the radiator, fools with the phone, etc.

Physician at this point asks him why he comes here. The boy says to get on better in school—he hates school—he hates arithmetic particularly—he does not concentrate well on it. The boy thinks that he needs to concentrate much better so that he does not get so bored. Physician asks him what he likes to do. He mentions first baseball and basketball and then writing.

This boy is full of many rituals and compulsions which apparently seem to interfere considerably with his school routine as well as home. However,

he has adjusted to the club which is a very good sign. He will be a long, hard treatment case.

2/13 (*Social worker*). M brought Wallace for psychotherapy. On the way over to the clinic he repeated his previous objections. Wallace considers the work to be silly. Although he has no objection to talking with the psychiatrist, he senses that he is being observed in his activity with this play material. This feeling undoubtedly coincides with the boy's general caginess and unwillingness to reveal himself in any situation. No complaints have been made by the teacher. Wallace has not, as was his usual custom, criticized the teacher or other children. His contact with the YMCA continues to be intensive and the Boy Scout activities are especially affording him pleasure. M volunteers that since the last interview she has overlooked Wallace's continued ineffectiveness in dressing himself so that he will look proper. He is now wearing what he pleases and how he pleases. Perhaps the most notable result of the interview was M's remark that Wallace has begun to show a little "freshness" toward F, talking back at him chiefly in disputing certain developments in world politics. F is alleged to be taking the approach like a good sport and is pleased with the development.

2/13 (*Psychiatrist*). Boy seems to like to be here. On entering the office he begins to play with everything on the desk. Physician suggests that he use the table provided for him in the office. Boy says he does not care to sit there and continues to play with the blotter. Physician suggests that he might like to play games. Boy chooses checkers. After some reluctance, thinks it would be better to play chess which he has learned from a thirteen-year-old boy. He fails to win two successive checker games and says he has not been concentrating because it is so easy as compared with chess. He talks of his play at the "Y," where he goes three times a week. He has become much more proficient in indoor baseball and is receiving some credit with the other boys in this regard. Boy says he has to be doing something all the time. Boy's compulsive behavior of constantly touching objects, his nose, making queer sounds, can hardly be underestimated as classroom distractions. However, the boy is pleased with getting any attention. It is quite obvious that he does want to be liked.

3/7. W called at school and spoke with Wallace's teacher. On the whole, she thinks there has been an improvement both in behavior and in work. The boy's penmanship has improved markedly, and his behavior, while occasionally difficult, has become milder and more sporadic. However, today was a very bad day for Wallace. He was several times checked by

his teacher for muttering aloud. Later he was discovered by the teacher indulging in an imaginary fencing duel much to the distraction and amusement of the other children. She remarked about the compulsive nature of this behavior. It seemed to her that sometimes Wallace would seem quite unaware of what he was doing. She hopes she will be able to stand him until June at which time he will be transferred to another school.

4/2 (*Psychiatrist*). This boy continues to show rather interesting features, which are now more pronounced to the physician; one is a rather archaic, circumlocutious type of oral expression, which is quite in keeping with his awkwardness in physical movements. The latter is particularly noted as he goes through bizarre, accessory motions in putting on his cap, motions which were not ritualistic but more associated with his feeling ill at ease.

The interview is begun by a discussion of his poetic efforts. He has not written any lately. He does read some occasionally. This apparently is stimulated by F's interest. Then he goes on to discuss school. He is getting on better with the teacher, although he finds it rather difficult to accept some of her remarks. She is continually making sarcastic remarks that the children are "ugly, impolite creatures" and that they show no manners. She tries to catch them and identify the voices of children who might be talking out when her back is turned. He thinks, however, he is getting better in arithmetic, a subject which heretofore bored him. He feels that he is much more acceptable to his classmates since he has become interested in sports and attributes all this to the fact that he joined the "Y." He is now beginning to like games and feels that previously he knew so little about them that he did not find them interesting.

About a year ago the boy, while going to sleep, noticed that his penis was erect, became frightened, called his father. F warned him to be very careful, not allow it to be irritated by the sheets, that he had a precious vital fluid which he must preserve. No further efforts were made to enlighten the boy. However, the boy is fully aware of sex differences and that the child grows from a seed in the mother. How it gets there he is uncertain. The delivery must be through the umbilicus. He has noticed dogs but thinks that the act of intercourse was a friendly tussle. The boy seems somewhat embarrassed in this discussion but says that he is interested and wants to know more about it. Physician explains that these are things which parents rarely wish to discuss with their children and the boy immediately states it is because they, too, are embarrassed.

4/16 (*Social worker*). F and M came in with Wallace. In contrast to his previous manner, F was almost subdued and meek. Worker asked what he thought about Wallace's adjustment after several months of contact at

the clinic. Father said he felt Wallace was definitely on the way to progress, that he personally was in full agreement with what the clinic was attempting to do. He stressed particularly M's emancipation of the boy, noting that this had been one of the great difficulties in the past. He acknowledges that Wallace has become more independent and even bolder, but he recognizes this as a healthy sign. While F was talking, M did not say anything but she showed her enjoyment and glee at the thought that F was coming around to the clinic's point of view. F expressed his appreciation of the clinic's interest in Wallace, confessing that his attitude had completely changed in regard to the boy.

4/16 (*Psychiatrist*). It is interesting to note that this boy is doing very much better in the "Y." He has said that children previously never wanted him to play on their teams and recently he was drawn for one side and made a home run, which greatly pleased himself and the team. The other side began to respect him. Previously, they had never allowed him to play with them, saying he stank. They never accused him of being a sissy, however.

4/30 (*Psychiatrist*). It is rather interesting that the boy's whole attitude and bearing seem different today. He looks quite manly instead of soft, flabby, and immature. The change is most gratifying.

During a game the boy talks about his many activities with boys in the neighborhood. He has many friends, with whom he likes to play handball. There are only two "foes"; one boy who steals and tells lies and has to be watched constantly by the group, and the other boy who is very much interested in gambling, particularly poker, and betting on race horses. The boy's remark is that few children of his own age know anything about horses and so the boy naturally wins.

At the "Y" the boy continues to be well accepted. He is no longer the last one to be selected for the baseball teams since a home run, which was applauded by the entire group.

5/14 (*Psychiatrist*). The boy is very much pleased with the prospect of talking about sexual material, which has caused him considerable pleasure as well as anxiety. He says that he does get disturbed at night by his penis being hard and so brittle that it might break. He now attempts to draw a picture of a woman with breasts which are on the shoulders. Then he talks about the rooster who gets on top of the hen in the corner of the barn yard and seems to be punishing her, then the dogs who at times seem friendly and occasionally growl at each other. He wants to know what makes the female dog growl and what seems to make her change her attitude. Is it that she does not want to have too many puppies? Does it make

her mad to have them? How does the puppy get fed? Why do mothers who have babies seem to be tired all the time? He has many questions which he wishes to ask about the nutrition of an infant in utero. The boy seems pleased to get this orientation but at the same time there is a large element of anxiety associated with notions of cruelty and punishment.

5/28 (*Psychiatrist*). The boy is very much dressed up and looks unusually mature for ten years. He is taller. He has considerable poise. He still talks in rather stilted fashion but with greater spontaneity. One is not struck by the pedantic conduct which one observed earlier.

When the boy is asked what he would like to talk about he immediately comes to the subject of the "cell in the woman's body." He has been to an exhibit and seen a "transparent woman." He has also seen pictures of fertilized eggs and growing embryos. He is moderately aware of the external female genitalia. (Social worker informs the physician that at school the boy has been suspected of fondling and investigating little girls. The boy gives no hint of this.)

The boy is quite overwhelmed by the idea of the male and female of certain types of animals getting together. He asks what happens to a cow, an elephant, a horse. However, he is quite open, frank. He wanted to know the function of the umbilical cord, what happens with twins, triplets, and quintuplets—what happens with the number of eggs and seeds needed for such a situation? His questions are most adult. He also wishes to know which part of the baby begins to grow first—whether the skeleton develops at the same time as the heart and brain—when does it begin to breathe—what makes the chicken peck its way through the shell—is it because the food stored in the yolk has all been used? At the end of the discussion the boy remarks "It is nice to know these things—I'm going to be a doctor and a chemist."

The boy, when asked about school, says he is getting on very well, that he no longer does annoying things to the teachers. The greatest reason for complaint was talking out whenever he felt like it, especially when he was doing an arithmetic problem with which he had some difficulty. Likewise, he does not tease any more. He is getting on at the "Y." The boys receive him well because he is a good batter. Sometimes they let him play first base—even if he is not so good at it.

The secretary noted that the boy, while going downstairs, seems to be "pawing" his mother in a rather unpleasant fashion.

9/17 (*Social worker*). M called at the clinic. She says Wallace had a very fine summer. He did not go to the "Y" camp but enrolled in a private camp. The camp was co-ed and not overly furnished with easy comforts. Considerable attention was paid to youngsters who are on the inadequate

side athletically and socially. The results in Wallace are obvious. He is better coordinated and plays with a skill which now permits him entrance into the boys' groups in his neighborhood. Wallace told his mother that the instructor at the "Y" made favorable comments about his swimming. He exhibited great pleasure also because boys now are begging him to be on their sides.

Wallace is now in junior high school. School has begun in an encouraging manner for him. He speaks of liking his teachers and particularly the shops. He has shown the greatest interest in the electrical wiring instruction. He seems to take great pride in teaching F, who has little mechanical skill, to do such things.

Wallace is so engrossed in his new school that M found it would be impossible to get him to come to the clinic for psychotherapy during the school hours. She also injects the possibility that it may be unwise for the new school to know that Wallace was previously known to the clinic unless he runs into difficulty. Since he is doing so well and has made such a remarkable improvement M would rather "wait and see what happens."

9/27. W discussed this case with the psychiatrist, who feels that in view of the favorable adjustment at this time, and the boy's inability to come to the clinic, it would be well to close the case at least for the time being.

Although presenting a not too hopeful picture at the time of original study Wallace has made almost remarkable progress. The neurotic behavior with its many compulsive, obsessional factors has given way to a less threatened and threatening adjustment. Although Wallace remains a boy with rich fantasy and intense reactivity to stimuli about him, he has developed a definite and observable degree of self-control. Certainly this is now present in his school adjustment. The marked inadequacy and consequent lack of status in the social group has been modified so that he has developed play skills and a general improvement in motor coordination and he is more popular.

The suspicious, sometimes hostile, overprotectiveness of the parents has been so changed that they have been able to send him to camp and to allow him to travel to recreational centers a great distance from his home without their personal supervision. F, in particular, who veritably mocked the referral to the clinic has acknowledged its contribution to the boy and his parents. *Case closed.* Status of adjustment: satisfactory.

10/21. M called to report that Wallace has just received his report card which indicates B plus in conduct and very good grades in work. M states that he is well behaved at home and that she received no complaints from the school. The boy is very fond of his teachers.

5/8 (*Two years after case opening*). M and Wallace at the clinic in response to the worker's letter. Both were friendly. Wallace has grown taller and is less tubby in appearance.

M reports on the whole a favorable progress in Wallace. In camp he participated freely in activities and related himself very well to other boys. Wallace was elected president of his class, being very popular with the boys in contrast to his previous irritating behavior. Along with this was a growing interest in the self-government program which has been instituted in the school, Wallace also being elected an alternate to the Student Council. This term Wallace has dropped somewhat in his conduct. He had several arguments with his English teacher, complaining that he had not been given a high enough mark. The homeroom teacher also complained that he was distracting attention by a clowning behavior. However, this seems to have died down.

Wallace has continued his interest in "Y" activities and in the Scouts, although with an increasing amount of homework he has not been able to get down to the "Y" as often as before. M permits him to travel anywhere he pleases and is now free of anxiety about his safety.

M is pleased by a growing relationship between Wallace and F. F has acknowledged that the clinic's approach toward the boy has been of productive improvement, and that his own handling of the past tended towards irritation of the boy. The only complaint that M has is that Pt does not keep himself as clean as he should, although she remarks that when he learned he was coming to the clinic he insisted upon taking a bath and having his best clothes on. It is noteworthy that Wallace listens quietly and speaks with increased clarity in contrast to previous lisping and infantile retention. He would like to go to a high school where he could get science courses. He tells freely about his run-in with the English teacher and accuses her of unfairness. He claims that he has been playing with many friends he has made at school and that he is considered a pretty good baseball player.

5/10. The following report was received from the school counselor:

As far as academic work is concerned, Wallace is an excellent student. He rates among the highest in his class. He has not, however, been able to adjust himself socially. He seems to be in a world of his own. Perhaps we might say he is something of a dreamer. Due to a lack of muscular control he is generally late in carrying out orders. It is due to this tardiness that he gets into trouble with both teachers and monitors. Knowing that the boy needs the help of a guidance department in this school, I am quite sure we can inform his subject teachers of this case and do much to help him.

6/14 (*Four years after case opening*). M claims the boy has matured considerably in his relationship with F, which is much better. Apparently Wallace has dropped his "Y" activities, substituting a science club of which he is one of the leading lights with ten other boys. At present Wallace works after school as an errand boy in a drugstore. Mother has permitted him an increasing amount of freedom and recognizes that this has aided him in developing a better judgment.

ADULT OUTCOME

Graduated from college and took in some graduate courses before entering service. One year after induction he was referred for psychiatric evaluation with a provisional diagnosis of anxiety reaction.

Patient was referred to the clinic because of unusual mannerisms, talking to himself, unexplained moaning during waking and sleeping hours, and one period of mental fog. His personal hygiene has been poor and allegedly he frequently indulges in masturbation. He came to the clinic only because he was requested to. He was aware of the reasons for his referral and explained some of them away easily. Others, however, he completely denied. He was somewhat hostile but attempted to cooperate throughout the interview. He seemed suspicious, grandiose, and his eyes frequently darted about. In general his behavior was suggestive of schizophrenia, but his thinking process seemed intact. His content of thought was undisturbed. He denied any paranoid tendencies and was free of gross psychotic symptoms. He maintained that his adjustment to military life was good, and no symptoms of anxiety or depression were noticed or admitted. He was fully oriented and no impairment in abstract thinking was found. His judgment was not impaired.

He related a history which was rather benign, but throughout the history there is an undercurrent of grandiosity in relationship to himself and his father.

Structured tests such as the MMPI and Wechsler reveal little pathology. He has an IQ of 129. However, the Rorschach reveals a great deal of unrealistic and peculiar thinking, suggestive of a growing schizophrenic process which, although under some control now, is heading toward further deterioration.

He continued his period in service without incident and was honorably discharged and transferred to the reserve after a two-year period of active duty.

Peter

REASON FOR REFERRAL

Feels that everyone is against him—refuses to do his work—does not obey—father gives him anything he asks for.

REFERRED BY

Principal.

PERSONAL DATA

Ten years old. Fourth grade. Living with father and stepmother in marginal financial situation. Two adult brothers. Mother died when he was three. SSI: seven. IQ 86.

10/29: Social history. Visited school and discussed case with principal. It was his impression that Peter presents a very difficult behavior problem. He is very hostile and full of self-pity. He is a disturbing influence in the classroom, constantly seeking and demanding attention, never sitting for any length of time in his seat. When reprimanded he seems to stiffen up. Principal felt that there was something psychotic and paranoid about him. He seems to feel that there is always someone picking on him. He is very dull and does poorly in his work, but seems to be quite interested in getting ahead. He was given remedial reading. His achievement in all subjects, however, is very poor. Peter also seems to suffer from a feeling of deprivation. The father's attitude seems to be somewhat protective. It was the principal's impression that the home situation is very bad and that the mother is not too sympathetic toward Peter. We said it would appear that the boy is suffering from a deep feeling of insecurity, which might be carried over from the home to the school situation, and that his desire for attention and recognition seems to be symptomatic of some feeling of rejection and need for approval. We discussed the question of his scholastic

standing and the principal felt that if he does not make any improvement it will be necessary to retain him. We said that we are not ready to make any definite recommendations but it would appear that the boy might benefit by more approval and it might be worthwhile trying promotion to see what effect it would have upon him.

We talked to the teacher. Her attitude was that Peter is a very difficult child to cope with. She had attempted to be very tolerant and understanding with him but found it very difficult. It was her impression that Peter seems to suffer from a persecution complex. She does not feel that she can reach him. He is constantly trying her patience and demanding her attention. He seems like a hunted animal. When he first came into her classroom he used to shy away from her and would raise his hand over his head as if in self-protection whenever she passed his seat. When she asked him one day why he did that, he told her that when he was in another school the teacher used to beat him and he thinks that she too will beat him whenever she approaches him. When asked how he responds to praise, teacher stated that he gets quite flustered and always seems to want to please her but in his constant demand for attention he upsets the usual routine of the classroom. When he reads he is so anxious to make a good impression that he begins to gobble up words. Most of Peter's difficulties seem to involve a great underlying anxiety and basic need for approval and recognition. This was discussed with the teacher and we urged her to give him as much acceptance and praise as possible.

11/12. Father in office. He appreciates our interest. His wife is confined to bed most of the time. Besides, she doesn't speak English well, and would not be able to hold an interview with us. His total attitude was one of discouragement and harassment. We said that we can understand that this must be pretty difficult for him. F said that he can hardly convey to us what he has been going through for the past few years, especially since his wife has been so ill. What makes it very difficult now is that in addition to her poor health his wife is extremely irritable and very unreasonable. He is willing to agree that Peter is very active, restless, and a little nervous, but he is not difficult nor malicious. As a matter of fact he is a very sensible boy who is even somewhat advanced for his age. Sometimes he is even amazed at the things he says. He is capable of using very good reasoning, more like an adult than a child. F regrets the fact that Peter presents some difficulty in school. He is willing to agree that Peter tends to be nervous but he thinks it is a reaction to the way his stepmother is trying to handle him. She is very strict with him and insists upon having complete control over him. It is difficult for her to realize that the boy is growing and that there is a certain amount of freedom boys like to enjoy. She does not want to make any allowances. She insists that he is

still a child and that he must have a great deal of discipline and control.

F went into a long description of how difficult she is and how nervous and irritable she can sometimes become. Again W expressed understanding, saying that it must be hard for him to take sides with his wife against his child and vice versa. F heaved a deep sigh of relief at W's understanding his plight, and he leaned over confidentially saying, "Would you believe me that sometimes I wish I could run away from it all?" He feels that he has neither the energy nor the patience to go ahead wrangling with his wife. He hoped that when he married her he would be able to provide his children with a home, but instead he has had nothing but grief and discontent. F and his wife never got along very well and he always had a great deal of aggravation on account of it.

At this point F went into a long account about himself and the kind of individual he is. He stressed his love of sociability and the fact that he mingles very easily with people and likes to make friends. He has always liked to entertain and visit others as well as go out occasionally with some men friends. He could even enjoy an evening by himself by visiting a movie. His wife, on the other hand, does not like to go anywhere, is not interested in movies, would always want him to stay home with her. Sometimes she even tends to be jealous of him and has accused him of going out with other women. He has a very good relationship with her family, sees them frequently, and they have good times together, but even that his wife resents. He feels that he would compromise a great deal if it would only concern himself, but when it comes to the question of her handling Peter, it is difficult for him to compromise, and so he always tries to smooth the situation. She hits Peter occasionally and reprimands F for being too lenient with him. He, on the other hand, does not believe in using physical punishment on children. Stepmother also tends to be very meticulous and insists that everything in the house must be in order. Because she is confined to bed, Peter helps in the household tasks and runs all her errands for her, but no matter how much he tries to please her she is constantly dissatisfied with him. Stepmother gets irritable when he comes in from the street with dirty shoes or if he dares to be careless with his clothes. She does not allow any of his friends to come to the home for fear that they will upset it. F spoke with a great deal of feeling, trying to make it very clear to the worker how unreasonable and intolerant stepmother is toward Peter and how difficult it is for him to cope with the situation.

F married his first wife in his early thirties. When they first met, he was very much attracted to her, but he had to leave the city on account of his work. Later he learned that she married someone else. He felt disappointed. When he came to visit sometime later he found that she was a widow and proposed marriage to her. The marriage was a very happy

one. He never hit her. They had a lot in common. He had three children with her. Before Peter was born, F did not want another child. He felt that two were enough, but his wife insisted because she wanted a girl. His wife became ill with rheumatic fever and was sick for a long time. F stressed the difficulty he experienced when he had to carry on with a responsible job, the care of a sick wife and three children. When his first wife died, seven years ago, Peter was three. His relatives were not sufficiently interested and his children were frequently cared for by the neighbors when he had to work. There were periods of time when he was compelled to stay home with the children and live on welfare assistance. Peter claims to remember his mother. He often tells his stepmother that she should leave him alone, like his mother used to. Peter had a normal birth. He was always a very healthy baby. He walked at twelve months and talked at one and a half years. He was never a feeding problem. He never presented any difficulty in his bringing up. He was normal in every respect. In fact, F doesn't remember any thumb sucking or nail biting. F claims that his other two boys had also been very healthy babies and are exceptionally well developed boys. F feels that they take after him because he was very strong when he was young. He feels that his abilities are becoming dissipated because of his aggravation in the home. It was F's feeling that Peter's difficulty will persist in school as well as at home as long as his stepmother's attitude remains unchanged. As to whether he thinks that her attitude can in some way be modified, F expressed skepticism and said that she is a pretty set person and that because of her lack of English he doubts whether she will be able to benefit by any contact with us; besides, because of her poor health she would not be able to come. He feels quite certain, however, that Peter's general behavior would definitely improve if he were given more consideration by his stepmother. He does not like to consider any plans for Peter out of the home at this point because of the boy's attitude and his attachment to F. He realizes, however, that something must be done.

12/9. Interview with F. Of late he has been experiencing poor health. Some months ago he had been injured in his work. He feels that the general situation at home is definitely contributing to his poor health. His wife is as irritable as ever and is constantly picking on Peter. When he thinks of coming home it is like going to a funeral, and it has reached the point where he feels that he hates his wife like poison. He feels that if he could possibly separate from her he would feel free but he is ashamed at this age to break up his family life, especially since he is very respected by some members of his wife's family, with whom he is apparently on very friendly terms. Worker helped him verbalize his own ambivalent feeling in relation to this.

F's oldest son always seemed to be independent. He had never gone wrong although he always liked to play the horses. Stepmother and this son are not on speaking terms. He tends to be secretive; he does not confide in his father much. The second son, however, is different. He is the only one who is on very good terms with his stepmother. He corresponds with her and has quite an influence over her. He seems to be her favorite. Stepmother considers this son like her own child and said that she plans to will the house to him when she dies. She was a widow when F married her. She had brought up an adopted daughter to the age of sixteen but the latter has married and does not want to have anything to do with her mother. Stepmother is very much hurt about it. F feels that she is in some measure taking it out on Peter.

F said that Peter had shown a definite improvement in school and had even brought home better marks. He spoke affectionately of him, stating that he is fundamentally a bright boy. He is kind and very affectionate in nature. He is even very affectionate toward his stepmother and wants her to like him more, but she does not encourage this and as a matter of fact pushes him away whenever he becomes affectionate. He is attached to F and likes to tell him everything that happened that day when he comes home, especially about when his stepmother punishes him or scolds him. F felt encouraged by Peter's showing some improvement in school. He wondered whether it would be possible for worker to secure permission from the principal for Peter to have his lunch at school. This would avoid the friction between Peter and the stepmother when he comes home for lunch.

12/15. We visited the school and discussed the situation with the principal. He said that Peter is doing much better and that he is showing definite improvement. He was promoted and it seems that this had a definite therapeutic effect on him. Principal was very much satisfied with the results and felt that if Peter continued in his improvement they will find no problem with him. Worker described at some length the difficulties Peter has to contend with at home, which undoubtedly have a bearing on his school adjustment. The principal was much more sympathetic in his attitude toward him.

Later F telephoned and expressed extreme appreciation for enabling Peter to have his lunch at school, stating that it avoids a great deal of tension and friction, and he is a much happier child as a result of this.

It was worker's impression that Peter had never really enjoyed any emotional security, even when his mother was alive, in view of the fact that she was ill.

1/25. F in office. He said that the situation remains the same. He seemed quite discouraged. He reported that before he came to the clinic there was

quite a row in the house between his wife and Peter. F feels fed up with her. He doesn't feel that she is capable of change.

He gives most of his pay to his wife, leaving himself only a few dollars. He spoke about his love of sociability and going out for an occasional drink with men and again complained that she does not see eye to eye with him. Frankly sometimes he feels that he hates her violently and hates to go home. All he can expect is quarreling and nagging. She is constantly after Peter, wanting him to do all the work in the house. F helps her with as much as he possibly can so that he can ease the situation but he feels hopeless about her. F then wanted worker to tell him whether she thinks he still can attract a woman. He said he really feels much younger than his age. "I guess I have always been a ladies' man." Of course his wife reprimands him for it. Father stated that frankly he had even considered leaving his wife. If she could possibly change her attitude toward Peter he would compromise in many respects and remain with her. If, however, she does not make things easier for Peter, he will decide once and for all to break up.

Father talked a little about his early life. He was the youngest of three brothers. The family lived on a farm and his parents were very devoted and affectionate. He does not remember ever being punished by his parents. For that reason he does not agree with his wife resorting to punishment.

1/28: Psychological examination. Peter is a small, thin child who appeared frightened by the testing situation. His vocabulary is poor and his language usage is very simple. He feels anxious about failures and works well with encouragement. He is rather withdrawn and it is difficult to establish a friendly relationship with him.

Peter achieved an IQ of 86 which placed him in the dull normal group of children. His performance was erratic. His achievement is retarded in terms of his grade placement. Although he is small, he claims that he is the second largest boy in the class. He expressed desires to become a sailor or a cowboy. The household at present is not too pleasant for him. He complained of having to sweep the floor and clean because he had no brothers or sisters at home. He remarked that he never had a chance to play.

Peter should remain with the slowest learning group within the grade. He needs more experience in arithmetic and reading.

1/28: Psychiatric examination. Peter is small and poorly nourished. In general, although he was fairly well dressed, he presents a rather uncared-for appearance. He was voluble, not at all threatened by the experience

here, and looked to us for some help in relieving the home situation particularly.

He spent some time telling in detail the unpleasantness he encounters at home. His stepmother, whom he refers to as Mom, is extremely punitive and critical. She objects to his going out and having any play time, insists upon keeping him at home in order to do housework. "She makes me do things. I have to make the beds and wash the dishes. She finds things for me to do to keep me in the house. If I get out of the house she goes to the door and screams curses at me." This is particularly distressing because the neighbors hear her. When she cannot reach him to hit him she will pick up anything at hand and throw it at him. She also tries to induce F to beat him, and although F really doesn't want to, apparently he does at times in order to appease the stepmother. He is also aware that she is trying to get rid of him and although the home is extremely unpleasant he does not want to leave F. He feels that there is something very much the matter with his stepmother. She is not able to get along with anyone; even her own adopted daughter ran away from her. She was very nasty to Peter's oldest brother. When he returned from the service he had hoped to remain at home but there were many fights and finally the stepmother put him out. She likes the other brother better but little could be learned about this relationship because of Peter's evasiveness about it. Peter has a strong attachment to his father. He gives some indication of awareness of F as a fundamentally weak person. He knows F is on his side and is concerned about what is happening to him but doesn't feel that F can do very much. He wishes F would leave the stepmother but doesn't think he will. He tried to build up his oldest brother as a person who was very much interested in him and tried to cover up this brother's not seeing him or doing anything for him by blaming the stepmother, saying that she would not permit this brother to enter the house. He does not feel that he can get any protection from his relatives. One of his aunts made the suggestion that he be given to a man on a farm as a solution to the problem. Peter thought this was terrible and made half threats of what he would do if anybody tried to give him away. His own solution is to get away for the summer and go to a camp.

School is extremely unpleasant also. No matter what he does, he believes, he gets into trouble. Even when he enters a new class with the resolution to behave, the teacher from the previous class tells the new teacher all about him and then "the teacher gets to hate me." He feels that he is always blamed regardless of whether he has been the cause of the difficulty or not. The injustice of this fills him with a feeling of frustration and anger and he is afraid that some day he will get so mad that he will kill somebody. There is some fear of his own aggression and because of this he tries to avoid fights. He believes that he can do more

difficult work than is given to him in the classroom. He knows that he is not up to standard but nevertheless the teacher will not try him out on harder assignments. He says to the teacher, "Let me see if I can do it," but she doesn't and then he becomes very angry and refuses to do anything.

He sometimes has disturbing dreams, recalled a recent one which was frightening. In the dream he saw a lady poisoning his father. She was dressed in black. Then she went to him and was going to poison him when F called out "Watch yourself!" Peter then got something and threw it at her. The lady in the dream was his stepmother. The dream obviously brought out his wish for protection by F in the face of great danger from the stepmother.

He indicated that he was interested in the usual boys' activities, was particularly fond of swimming but because of his stepmother's close supervision had little opportunity to go out with the other boys. He wishes he was old enough to be on his own. He would then get married, have some children and a home of his own.

Impression. The boy is reacting to the marked rejection of the stepmother. He has the ability to effect a good relationship and in a favorable situation would undoubtedly present few problems. The reality situation is one which cannot be readily changed. Even if F did separate from the stepmother, which he would like to do, there is still no one to care for the boy. In view of the boy's attachment to F, which is the only positive thing in his life, it would be questionable to attempt placement away from him. It would be advisable to try to effect some superficial change in the stepmother's handling and make F aware of the need to provide actual protection for the boy. *Diagnosis:* Primary behavior disorder—conduct.

2/13: *Conference.* Prognosis favorable if some modifications in the attitudes of the stepmother and the school personnel can be effected.

2/22. Worker and psychologist discussed the case fully with the principal. We felt that Peter's behavior is a normal reaction to an abnormal situation and that it is extremely important that he be given approval and recognition in the school to offset some of the negative pressures in the home. Principal stated that Peter has shown a definite improvement since his last promotion and that he is willing to accept the recommendations in considering his next promotion. He assures us that the school will do everything possible to effect a better adjustment.

2/26. F came into the office. He was very gracious to W and assured W that he always looks forward to speaking with her. He often feels like expressing his frustrations in regard to his wife, but cannot do so because

of the shame he experiences. He feels that she has never learned to gain any control over herself. She constantly either nags or barks. No matter how he tries to smooth things over she nevertheless finds cause for irritation and complaints. F shook his head saying that sometimes he feels like walking out on her and not returning. However, he does not want to pay for the divorce. If he were not quite so ashamed for his family and friends he would simply walk out on his wife regardless who pays for the divorce, but as it is he tries to smooth things over. Father said that stepmother still picks on Peter and that she is making his life miserable. The worst thing is that she expects him to take sides with her against Peter, which he is unable to do. We pointed out how important it is for Peter to feel that F is ready to come to his protection. We indicated our willingness to speak with stepmother about the importance of giving Peter a little more acceptance. F further informed W that his wife occasionally becomes very jealous of him and accuses him of going out with other women. He feels, however, that he has always been a very sociable person who is fond of people and will continue to be so. He did indicate that he has sufficient confidence in his manly ability to attract a young woman. His wife accuses him of not being sufficiently affectionate to her. He suggests, however, that in order for him to be affectionate she has to call out in him sentimental and warm feelings. With her constant nagging and bitterness she turns every warm feeling he ever had for her into hatred. F stated that on the whole she is not a bad looking woman and is not a bad housekeeper. He admires her cleanliness, if only she were not quite so irritable and so nagging. If she could only understand once and for all that as a father he cannot possibly want to hurt his own child as she would want him to do. He feels that Peter has been deprived as it is. When we suggested that stepmother might be irritable due to her poor health F said that he also takes that into consideration and whenever he can he tries to help her. He also tells Peter whenever he can to obey her in order to please her. Sometimes he reprimands him and punishes him, but of course that occurs very seldom.

F is willing to bide his time and see how things will work out after the second son is home from service for some time. He hopes that this son will have a beneficial effect on his wife. We discussed with F the question of camp, to which he was very agreeable and saw it as a solution to the problem of getting Peter out of the home for at least a limited time.

3/11. Worker visited the home. It is poorly furnished but very clean. It is obvious that stepmother is very religious as she had religious objects all over the house. W found F, stepmother, and Peter in the basement. Stepmother displayed hospitality and graciousness to worker. She stated that she is very happy that worker came and she is looking for the opportunity to talk with her. Stepmother took worker upstairs and in broken

English began to tell her the difficulties she has with Peter. She described him as a very vicious child who has no regard for anyone and who deliberately causes her a great deal of grief and anxiety. He insists upon playing with the kind of friends she strongly disapproves of. She spoke about his untidiness. She assured worker that she tries to be a mother to him. She did not want other people to say she is a stepmother. It was quite obvious to worker that she had a great need to please other people and that she is dependent upon their opinion. She pictures Peter as a very contrary and deliberately mean child who insists upon having his own way and who does not show sufficient respect for her. Stepmother could not see him in any but the most negative light. She then compared him with F, whom she called lazy and no good. She described F as a person who never amounted to anything and who never really cared enough about making a living. She said that father has not worked for several months because he claims that he has been ill. Actually he could have worked, she said. He also makes a great to-do about his success with women and actually he is not even capable of having sexual relationships. Stepmother spoke with a great deal of self-pity. She had been very happy with her first husband who had done everything in his power to make her happy. She then spoke about her disappointment in her adopted daughter, whom she had regarded and loved as her own and who at the age of sixteen ran away, got married, and would not have anything to do with her. She feels that life has not been kind to her. She had loved the second son as her own, but since he came home he hardly stays in the house. He spends a great deal of time with other people. She hoped to show the world that she could bring these children up as her own but it seems that they are very ungrateful. She doesn't even want to talk about the oldest son.

Stepmother stated that she is glad to tell all this to W because now she feels that we can also understand her point of view. She regrets that she cannot come to the clinic because of her poor health. She asks us to come to see her again in the near future, to which we said that we shall try. W felt that stepmother has carried over many of the traditional beliefs on children's rearing, expects complete obedience, and has very little understanding of children's needs. Although W attempted during this interview to give her a little understanding of Peter as a child, she did not feel that stepmother is ready or capable of any direction. She was able, however, to agree with W that it is in her own interests not to become too upset or aggravated when Peter does not conform with all her wishes. Since F is willing to relieve her it might be a good idea to have him share more of her responsibility rather than Peter.

Later W talked with Peter. He seemed to be depressed and withdrawn, but when worker commented that he must find it difficult to get along with his stepmother and that it must not be easy for him, he came out

explosively stating that she always nags at him and does not allow him to play in the street. We said that he should try to join activities in school and that the principal will help him do this. In speaking about school he said that he is getting along much better and that he is beginning to like it. We told Peter that we will come to speak with his stepmother again and try to see if we can relieve the situation, but in the meantime he should have patience. We further informed him that we heard some very good reports from the school and that they are very much pleased with him of late. This seemed to please him and he stated that he is trying very hard to get ahead.

4/2. F in office. He looked worn. He stated that he has decided to separate from his wife because the situation has reached an unbearable state. He feels that either he must break up with his wife or place Peter away from home. He was considering both alternatives. He felt that if he remains with the two sons he will be capable of maintaining a home. He feels that Peter is old enough to take care of himself. We brought up the point that he is working nights and that Peter is still too young to be left alone and F agreed with us and started to consider the other alternative of placing Peter. He wanted to know the kind of homes there are. He talked with Peter, who is very reluctant to go. The second son too is against it. F feels that if Peter is placed in a home, it does not necessarily mean that he is giving him up. He feels that this would be the best solution as he is getting old and cannot possibly go on being nagged all the time. We told F that we were considering sending Peter to camp for as many weeks as possible. F said that he would very much like him to go away for the summer.

4/4. Visited home and found Peter and his brother painting in the basement and F helping stepmother. Stepmother was very glad to see us and after some time took us upstairs and again began to relay her difficulties with Peter, saying that he is worse than ever. He won't listen to her or do anything to please her. He continues to play with the kind of boys she disapproves of and F continues to take his part without punishing him. She feels that it would be for the interest of all concerned if Peter could be placed in a school where he could get a good religious education. We indicated to stepmother the type of school she spoke about is usually quite expensive but that there might be a possibility of considering a foster home. This, however, involved a long study. Stepmother was willing to accept. Later we went down to the basement and W had an opportunity to speak with the second son and explain to him that we are trying to make plans for camp, but that we are also planning to refer the family to a private agency who may be able to work out further plans for Peter. We indicated to this son that if the family decides on foster home place-

ment Peter may be visited frequently and may be taken home whenever the family so desires. This seemed to relieve this son, who obviously was quite concerned about Peter. He is a handsome, well-built boy who has a kind and open smile. He seems to be on fairly good terms with the stepmother as well as with the father.

Peter talked to W about the family's plans and stated that he would prefer to remain at home. We indicated to him that we are only considering camp arrangement for the summer. If there should ever be a decision about a foster home he need not imagine that it is anything terrible. He would live with the family and be given a great number of privileges of which he is deprived now. We emphasized to him that he need not at any time accept the foster home if it is not to his liking. This intrigued him a great deal. He said that he will try to please his stepmother from now on so that she will not consider sending him away as he would hate to leave his school. He is very fond of his teachers now and is much happier than he used to be. He is joining activities and is doing much better in his work. We again assured Peter that the possibility of sending him away is quite remote but that in the meantime he can plan for camp.

4/13. Talked with welfare organization and discussed reopening the case.

8/3. During the month of July while W visited the welfare agency she had an opportunity to discuss case with the agency worker, who said at the time that she is working very intensively with the family and that she seems to have made some progress with the stepmother. Her impression of stepmother is that she is a very rigid, fanatic individual who has a great need to dominate the situation. Peter is continuing to make a better adjustment. There does not seem to be quite as much pressure in the home.

W again talked with agency worker. Peter was away in camp for three weeks but did not seem to like it too well, and had gone to a relative in the country for the rest of the summer. Stepmother also went away for a short time. F has not been steadily employed and was suffering from some stomach symptoms. Peter is back in school and is doing much better, although occasionally there is a little difficulty whenever the pressure at home becomes too great. Stepmother no longer talks about putting him away and is beginning to give him more freedom.

9/23. Discussed case in conference. It was felt that inasmuch as the welfare agency had assumed responsibility for further case work with the family that *we may close the case here*. Status: marked improvement.

12/2 (Two years after case opening). A letter was received from school principal asking help for "three violent boys." W telephoned the principal

and learned that Peter was one of the three boys. Principal was quite anxious for the boy to be in another school.

12/16. Telephoned agency which had been active on the case. The boy is still under care there. The problem is about the same at home. Agency worker feels that the boy may feel more security as the family are no longer threatening Peter with placement. When she last saw the boy, he seemed satisfied with school. She feels that the boy would want to continue in that school. Later clinic worker conferred with psychiatrist regarding plans. It was felt that the family situation was rather immobile. If we plan to restudy the boy, the agency will cooperate.

12/23. Visited school by appointment. The principal is quite concerned that the school should have to spend so much time "on this type of boy." He called in the assistant principal, who appears to be somewhat more open-minded and lenient in attitude. The boy is in the sixth grade with a teacher that they describe as kindly and sympathetic. The boy still manifests temper reactions, is restless, disrupts the class and is making poor progress. Most significant are his constant trips to see the assistant principal with any problem that is on his mind. W tried to get them to see the boy's need for someone such as the assistant principal to come to. It was felt that the assistant principal's job is burdensome, that he cannot devote too much time to the boy, but that a friendly hello and his availability to the boy for even a few minutes of his time would seem worth the effort and time involved. They agreed that the boy is no worse than he has ever been, that he can be reasoned with and handled.

Later W telephoned the agency worker, who feels that now the older brother is siding with the parents against the boy and is again threatening him. The boy feels that the school is fine but that conditions at home are worse for him. We discussed plans for re-examination.

4/19. W visited school. Principal feels that Peter has shown considerable improvement in school and there have not been as many upheavals as previously. Assistant principal confirms this. It was explained that if we do see the boy again this term, it would be just to repeat psychological testing in view of his improvement and his good relationship to the agency worker.

4/23. Telephoned the agency worker who reports that the boy has been getting along much better at home and there are fewer temper outbursts. She agrees, in view of the boy's efforts, that the psychological examination would help to evaluate some of his academic problems and that Peter probably could accept this better than seeing the psychiatrist again.

5/9. Brother at clinic with Peter, who is seen by psychologist. Brother is friendly but not too revealing about family matters, mentioned step-mother's "nervousness." He feels Peter is doing better and appreciates the need to reason with him and not force him in any activity. Peter is interested in sports and is looking forward to the summer vacation that is being arranged for him. Brother said that Peter was interested in agriculture and this might be kept in mind in planning his high school program. He said Peter feared coming to see the psychiatrist as he didn't want to be considered "crazy." We made it clear to brother that Peter's visit here is for an academic evaluation of his achievement. Family are in close touch with other agency worker.

5/9: *Psychological re-examination.* Peter is a small, thin child who was frightened by the testing situation. His language usage is immature and he finds difficulty in expressing abstract ideas. Many of his concepts are simple and often confused. He is rather withdrawn and it is difficult to establish warm relationship. He needs much encouragement and is very anxious about his failures.

Peter scored in the dull normal range of intelligence. His score agrees closely with those obtained on previous examinations.

A discussion of his interest showed that he is very unrealistic in his desires and still seeks to escape the home situation. His understanding of his grade placement in school is more realistic, however, than last year. He feels that although the opportunity to advance a grade was offered to him, he could not compete with the older group. He said, "I will do it term by term and get there too."

His achievement scores are two years behind his school placement. Peter would profit from more drill and a slow pace. Participation in organizations should be encouraged.

5/9: *Rorschach examination.* Peter is an egocentric, narcissistic youngster whose record indicates a narrow range of content and interest. He tends to see things in detail and usually will react impulsively and instinctively to some element or part of a situation. Most of his energy is expended in control of his behavior. He is unable to synthesize parts of a situation into a whole. He is stimulated by emotional situations and aware of other people's feelings about him. He is anxious and shows some evidence of sex shock. Peter has been unable to form his concept of role in life and is not sure as to the friendliness or hostility of the outside world.

9/22: *Case is being closed.*

4/12 (*Three and a half years after case opening*). Worker telephoned the agency. A male social worker is now active with the boy. For a time they had another worker also handling the stepmother. The stepmother died and this has added further confusion because Peter is thrown entirely on his own. The case is very active now. The agency worker works largely with the school. He was able to have the boy transferred back to the former school. Adjustment there is poor.

Agency worker realizes Peter needs supportive help and is using all manipulative means to channel boy's interests through the YMCA, etc., and offer close contacts for boy. F offers little sustaining help; he seems more concerned about financial settlements of the stepmother's property, etc.

Boy is also known to still another agency because of carrying a knife around at the YMCA, and there are unconfirmed suspicions of petty stealing.

Agency worker feels it might be difficult to plan for boy if school "gives up on him."

ADULT OUTCOME

Completed the eighth grade. Sent to the county school for boys for petty larceny and then to a state training school for car theft. In his twenties committed to a state hospital, where he was diagnosed dementia praecox, paranoid type.

Patrick

REASON FOR REFERRAL

Principal said he was a child who had potentialities, but he will be a severe problem unless he is given some psychiatric help. He will be a "typical sissy." At the present time he is very affected, demands attention continually, and is detested by the other children. He comes from a theatrical family, and when he creates scenes in the classroom he says it is temperament and compares himself with an actor. He has traveled a great deal and has many interesting things to bring into the classroom, but he wants the floor every minute. The teacher finds it difficult to give him sufficient attention and at the same time be fair to the other children in the class.

REFERRED BY

Principal.

PERSONAL DATA

Age nine years, eleven months. Fourth grade. Living with parents and grandparents. Above average economic circumstances. SSI: None. IQ 136.

2/12. Mother was seen by appointment. She is a fairly young appearing woman, dressed very stylishly. She talked in an obviously cultured way.

According to her, Patrick is a nonconformist and she would be glad to have the clinic look him over. He is obstinate, inconsiderate of others, headstrong, interrupts his elders. When told to do something, he always has to do something else first before he carries out the request. He was in camp for two months last summer and he was a trial to them. M thinks most children, through pride or shame, would try to conform or act better, but not Patrick. He also seems to prefer the company of adults to that of children.

Worker brought out that he seemed to have a very wide interest and

perhaps he had more advantages than most children. M doubts this but says he is the type of boy who has taken advantage of what has been offered him. They lived abroad when Patrick was only two and a half years old and they were only there one and a half years. However, he seems to have remembered a great deal and is unusually observant. They lived in France and the boy was able to talk English, French, and Spanish. He now speaks Spanish as he is having lessons in that subject, but he will not speak French, in spite of the fact that he comprehends everything in this language. It was learned that the parents speak French and that this is the father's native tongue. From the age of two to six and one-half years, he had French maids and governesses to whom he was devoted.

Patrick doesn't really mind anyone but he is more obedient with his father than with M, because the latter is more severe with him. Patrick loses his temper, pounds around, but does not throw things now as he used to. Although F also has an uncontrollable temper, informant did not think Patrick was like him or anyone else.

Before they moved, Patrick got along very well in school and the teacher was very good to him. However, he was apt to be a nuisance even there, the mother added.

Mother has had to drive Patrick outdoors after school. He is a "terrific" reader and enjoys building theater sets. He does do very interesting ones, M admitted. He also enjoys watching TV. He seems to have a great variety of interests and enjoys *Nature* and *The New Yorker*. He has only one friend, who is very much interested in astronomy. He has never taken much part in active sports except for swimming, which he enjoys very much. He doesn't care for ready-made toys but likes to build trains, boats, etc. He has impressed M as rather a perfectionist. She thinks she might send him to camp again this summer as he needs companionship with other boys, but she doubts if he will be sent to the same one. Last summer he went to a camp where the mother thinks the other children were too rich and Patrick came home with delusions of grandeur.

She thinks perhaps they all have been oversolicitous of him and they try very hard to get him to behave. They are now living in the home with the maternal grandparents. She finds it hard to control him and reprimand him in front of the grandparents, who have really more responsibility for him than she does. She is teaching in a private school and consequently is not home a great deal.

M kept asking worker how to handle Patrick and how to get him over his superior feeling. Worker mentioned that we would not be able to give her any suggestions until we had a better understanding of him. It was mentioned that perhaps the boy fundamentally feels inferior and is only overcorrecting. Worker inquired if the mother thought Patrick felt bad because he was not more popular with the other boys. She did not

know but would appreciate any understanding the clinic could give her.

3/3. Talked with Patrick's teacher in the fourth grade. She was interested to learn of worker's interview with the mother and surprised, as she thought the family would be critical of her if she were at all severe with Patrick. The other day he came to school and acted very disturbed, saying his grandmother had been taken to the hospital in an ambulance. He put his head on his desk and moaned. The teacher talked with him and told him that when anyone had a sorrow like that it was better to keep his mind busy, and sent him to the library for an interesting book. She was sympathetic but when another teacher came into the room, Patrick told the same story in the same way, and she began to think he was acting. The children think he is affected and do not like him.

Later: Saw Patrick. He is an attractive boy with a rather diffident manner, talked with an English accent and with enthusiasm, at times as though he were acting a part. Patrick commented that he loved to talk and it is very hard for him to restrain himself in the classroom. This is true especially when they are having geography as he has been all over the world and has so much to offer. Worker asked him directly where he had been and he commented "Austria" and "France," and then spent quite a bit of time describing different castles and riding in coaches, etc. He thinks he really likes geography, history, and drawing best, but he is not good in arithmetic. When worker commented that he had unusual ability in this subject, he seemed surprised and then said: "To tell the truth I don't like to do my arithmetic." He likes this school better as it is more like a private school and in his former school there were too many French.

Worker inquired what he did after school and he replied that he just loves books and "I usually bury my face in a book." He does not like athletics and, according to him, "Strange as it may seem, I hate it when they start athletics at camp." He doesn't care for baseball or any other sports "as they bore me." He doesn't get along with other children as they make fun of the way he speaks. However, "My mother teaches English diction, and my mother says my diction is perfect." The other children call: "Oh Chappy, ol' thing." He can't help the way he speaks. When asked how he replied to the children when they taunt him, he said he just tells them, "My grandfather is a star. I also know a famous actress, and my aunt is important, too." In speaking of himself, he doesn't think that he is bad but "I have an awful hot temper, and I jump around and I scream and yell." He has been spanked for yelling but it does no good and now they lock him in his room but he just reads. He has 300 books of his own. He thinks it is his nature to enjoy books. He also has a collection of butterflies and some are from South America which have artistic colors—like 20 million jewels. His grandfather brought them to him from

abroad. He has loads of toys. He then became quite emotional when he commented: "I have something of my very own. He is a gray-white Persian cat and he is very beautiful."

Patrick would like to become a stage designer or an architect. He loves to draw and would like to make houses and castles. Worker encouraged him to draw then, to which he commented: "I knew there was a catch in it somewhere" and that this was a test and not just talking. Worker pointed out that he needn't draw if he didn't wish to but he chose to draw. He asked worker to ignore certain parts of the drawing and not mark him on it, and was unbelieving when told there would be no mark. Worker inquired if that's what his father was, a stage designer or architect, but he replied shortly: "No" and changed the subject, saying: "My mother is a teacher," and then added: "And you say I have unusual ability in arithmetic." He commented that he is now taking Spanish lessons which he enjoys. Worker pointed out that he might be in a class where he would have more opportunity for such things as drawing and stage designing, and he said he was very eager to get into such a class and was pleased to learn that this recommendation had been made to the principal. When the interview was terminated he commented that he was so glad he had been chosen to talk and was pleased to learn that he would have another session for talking.

3/16. Talked with teacher in the fourth grade. Patrick is still not adjusted at all, according to her. He hangs back, does not want to get into athletics. The teacher tried to help him become part of the group the other day and told him that it was his responsibility to forget what he likes and think of the good of the team. He said that is exactly what he is doing; he doesn't want to play because he is certain to bring down their score. His habit which bothers the teacher most is sucking his thumb. One day the teacher told the children around him to pull his finger out of his mouth, and he kept putting it in all day long. Later he told the teacher he didn't know why he did it but guessed he was just being mean about it. None of the children like him but the teachers try to help him make friends. The teacher suggested that he ask some boys to his home, but he said they would just ignore him, and he knows they wouldn't come. She called a boy of very superior intelligence up to her desk and Patrick asked him to his home for the afternoon. She thought that these boys might have a lot in common as the other boy doesn't have many friends either.

Later. Saw Pt at the school. He was rather untidily dressed and he appeared rather soft and fat and certain feminine gestures were very marked. He was very pleased when he learned he was going to talk with W and said that this was his favorite period and it was good to talk. However, he was enjoying his geography lesson and continued telling about

glaciers. He barely took a breath as he continued talking. He stopped himself, addressing W with "Isn't that interesting?" W replied that all he had been saying was very interesting indeed.

As he did not elaborate on his daily life, W commented that she was also interested in boys' wishes, what they dreamed and thought of. He responded: "I don't dream much, but occasionally about going through a cave and sometimes about getting hold of crown jewels or food. I realize I'm going to wake up and hold on tight with my hands. Once I woke up and I was holding on to a sheet." He continued talking without encouragement. "Sometimes I have awful dreams of being chased by monsters. The one I liked best was walking on a dock and falling into green water, and I didn't mind at all."

At this point he said he would like to draw and was immediately given a paper and said he would like to do a surrealist drawing. He commented as he drew: "Don't ask what it means because I don't know." When he finished the drawing he said: "This is my version of peeking into the Garden of Eden. This is a snake. Eve's head is out of the ground."

He resumed putting the finishing touches on his drawing, saying he wanted to make it a little bit darker and, as he scanned it, said, "I'm quite proud of this drawing!" W asked about a hand reaching out of the ground and Patrick responded: "That's no one's hand—I guess it's God's hand reaching for an apple." He went on, commenting about the background of the picture, which was a bay. Patrick looked up at W, saying, "You're writing all this down, aren't you?" When W said yes he wanted to know what she was writing down, and she simply replied "What you say." He asked W how she liked the picture and when given an affirmative answer, Patrick said he thought she would like it if it were interesting, and he thought he would put in steps ascending to heaven.

Patrick then asked W why she was writing this down. He was told that she had a record of Patrick, and he inquired if she just took certain children. He was told that W did not have time to see all school children, and he put in, "You wouldn't see a dull child who didn't have particular interests like stage designing, etc., would you?"

Patrick talked spontaneously, saying he enjoyed reading, making stages and models out of wood. Suddenly he became more restless, twisted and stuck his thumb in his mouth and held his forefinger over his nose. (Apparently this is the mannerism which is so obvious in the classroom and aggravating to the teacher.)

W asked him for his three wishes and he enumerated: 1. Wish I had wings and could fly; 2. Wish wings could carry me any place I wish. He was unable to think of anything else, seemed definitely blocked, and W commented he could have wishes about everyday things and he added: "Wish I had a pile of stage sets."

At this point, Patrick inquired what other boys talked about when they saw W. She again said just everyday things and sometimes of their fears. Patrick said that he had fears as a little boy of such things as a curtain flying out and of ghosts who might come and take boys away. He also thought anything might happen in the dark. (When mentioning this he again put his thumb in his mouth.) Patrick continued talking, saying that he liked new books, not classics, but he does like *Alice in Wonderland* and in fact, has the complete works of Lewis Carroll.

If there was one moment's silence, Patrick became very restless and obviously uncomfortable. He thinks silence is boring.

W completed the interview by saying she would see Patrick again in two weeks and he replied saying: "You're going to be seeing a lot of me." W replied that it would not seem a lot to her and that she enjoyed seeing him.

It is W's impression, as a result of these two interviews, that Patrick has to talk so rapidly and tell of experiences in foreign countries which happened when he was not yet three years of age and other unusual things in order to gain attention or be listened to. It is wondered if he has been given any real affection or positive interests. It might be that he has gained approval from adults only when he has made interesting or bright remarks.

3/30. Talked with Patrick's teacher, explaining that Patrick did seem to be emotionally disturbed and the psychiatrist thought it might be a personality disorder and was planning to talk with Patrick.

Later: Saw Patrick. His first response was: "Oh goody! I just love to talk." W explained she was only going to see him briefly as she had an appointment with the principal. She wanted to tell Patrick that he could talk with the psychiatrist. His first comment was "Why a psychiatrist?" W explained that he could discuss anything he wished with the psychiatrist and he then said: "I always wanted to go to a psychiatrist." He then wanted to know if the psychiatrist saw everyone or only the most interesting.

4/4. Mother brought Patrick for his psychiatric examination. She was most appreciative of this appointment, was very polite but rather restrained and defensive throughout the interview. W asked a number of direct questions as the data was necessary for arriving at diagnosis. When W enumerated that Patrick's characteristics indicated, in our opinion, based on the last interview, that he was a nonconformist, obstinate, inconsiderate of others, she responded that these were "the unpleasant ones, but he has other characteristics, such as his gaiety, being so alive, interested generally in everything, and he is very amusing."

Patrick's birth and development were normal. He was bottle-fed and

weaned when he was six months of age. He has never had any difficulty with his food. In fact, just the other evening he remarked that eating was one of the most pleasant phases of living. He is quite a connoisseur of food. He had two different nurses during his first two years of life. The mother did not think there was any great difference between the two nurses in their degree of severity or laxity. He was rather precocious in learning to talk and he was just a little better than average in his walking. His coordination has been poor and he was very slow in learning to tie his shoe laces, for example. He has sucked his thumb ever since he was three weeks of age. M has done everything to correct this and now covers both thumbs with match-boxes at night and keeps them on his thumbs with adhesive tape. He still sucks his thumb in the daytime.

As mentioned above, Patrick has always had poor coordination, has never entered into games with other children, says he does not care for them. M has tried throwing a ball to him but he doesn't seem to enjoy it much. He seems to be quite fearful of being hurt and falls at once and howls when anyone starts to fight with him. The one sport he enjoys is swimming, which he does extremely well and seems to have no fear of whatsoever.

W inquired about the life in Europe as Patrick returns to this experience so much. M was asked if this had been a particularly hard time for all the family, but M was evasive and said that Patrick was very alert and had had some very interesting experiences there, more than he has had here. M thinks he was a bright child even at that age, because he was so alert, active, and curious. Now he loves museums. He is truly fond of Shakespeare and his grandmother has taken him to several plays and has introduced him to the leading actors.

M was interested in our opinion regarding a camp. He did not seem to be homesick last year, enjoyed the trips, nature study, and swimming. He seems to want to go back in spite of the fact that the camp is strongly athletic.

Toward the end of the interview, M said what concerns her regarding Patrick is his lying. She thinks this habit originates in laziness. He often insists he has done what he has not done, and sometimes misquotes his mother at school in order to gain his ends.

Later: Interviewed F, who drove his wife and child here. He is a dapper man with obvious manners. His eyes do not focus directly. W started the interview by saying she understood F played with Patrick in his projects; F denied this, saying he is always going to work with him on model airplanes, etc., but he seldom does because Patrick does not obey. This is his method of punishing the child. Patrick is apt to be very disobedient and F believes strongly in discipline. He is also annoyed at the boy's terrible habit of sucking his thumb. They tried putting pieces of stick around

his arm, but discontinued this as it seemed cruel and painful and used to put his arm to sleep. Also the child does not tie his shoe laces and refuses to take orders regarding this. It was learned that F was the only boy in his family and very much spoiled. He does not want his child to be spoiled. He has punished him by using a belt and has refused to play with him or take him to shows. Patrick has pleaded with him to give him a good spanking and have it over with, but F doesn't like to do this because he feels like such a brute. He is self-conscious when he punishes the child and has the feeling that the grandparents are saying to themselves "What a cruel man!"

W asked if the boy twisted punishment or anything else to his own gain, but F quickly defended Pt, saying that although we are all selfish, he doesn't think Patrick is particularly so, and he tries not to be prejudiced about the fellow, who is clever and intelligent. However, the grandmother thinks Patrick is a genius and is prejudiced in his favor. Worker inquired how Pt responded to F's praise, affection, or approval, and he replied that unfortunately he did not know, as he has always been critical of the child. He has criticized him whenever he could as he thinks the child could do better. In fact his wife tells him that he nags the child continually. F wonders what value there would be in telling the child something is beautiful when it is not. Worker pointed out that a child might be better if he were encouraged about things which he tried to do. F comprehended this.

Patrick will do anything for a teacher he likes and will do nothing for one he doesn't like. He thinks maybe the teacher nags the boy, as she is a splendid teacher, but Patrick does not like her and will not do anything to please her. However, he loved another teacher very much. F thinks it is unfortunate that they started Patrick the first two years of his school life in a private school. He thinks the whole method of procedure in that school was to keep the child happy so that he would want to come back and they would earn more money.

4/4: Psychological examination. IQ 136. Patrick is an unusual looking boy with a long, narrow face. His teeth show poor occlusion. Possibly in connection with this, he sucked his thumb during much of the examination period. He speaks in a high-pitched, seemingly affected manner with a pronounced, cultured British accent. It is only fair to state that this type of speech is characteristic of his environment and therefore is probably not an affectation. He was very poised and mature in his discussion. At times he commented on the simplicity of the test material, but toward the end of the work he seemed a little worried about its difficulty. The influence of his background is apparent in his future plans, as he hopes to design stages when he grows up. He was very spontaneous, volunteering much material about his background and his pleasure in the theater.

His abstract intelligence rating places him in the very superior group and the numerical results are probably minimal. No outstanding disabilities were noted. Social orientation, however, is only average.

From the intellectual standpoint, Patrick is a boy of very superior intelligence who should be able to make rapid progress through the elementary grades. He should be placed in a class for superior children as soon as he reaches the minimum requirements for doing so. He is in need of some special help, particularly in spelling and possibly in arithmetic. In view of the discrepancy between his accomplishment in arithmetic and his capacity for this work, it would be advisable to introduce him to the fundamental operations so as to bring this work closer to the other tool subjects. He should be allowed to set his own pace, however, in attempting this new work, as he seems to develop tension when working under pressure.

4/4: *Psychiatric examination.* This boy is neatly dressed and shows many feminine features. His gait is rather mincing and his mannerisms are feminine. His speech is affected. There seems to be a girdle distribution of fat with heavy thighs.

The usual interpretation of the clinic reassurance was given, which he certainly needed as he frequently remarked: "Can anyone hear us?" or "Will anybody see us?" When assured that he could say anything he wished, he sighed with relief.

He was invited to discuss his troubles and he immediately blurted out "Arithmetic. That crabby old teacher! Every time you move she screams and sends you to the principal. She doesn't send me but she sends the others. I am scared of her. She gets me so mad! How it would refresh me to throw her out the window! But sometimes when she's nice, we all like her. Before, I did very well in arithmetic. It's not interesting; I just don't want to do it."

He complains that big boys in the neighborhood pick on him and that he's afraid of them. "I'd like to beat them up but I can't do it. I'd like to get a big umbrella and whack them over the head and there wouldn't be anything left of them."

With regard to the grandmother he says: "She gives me anything I want. I never get mad at her. Grandpa's the same thing."

His reaction to his father was much less spontaneous than to any others in the family, but his hostility was completely masked. In a matter-of-fact way, he explains that F spansks him. He says: "I think I deserve it; I do things I'm not supposed to do like picking flowers. I don't get mad at him."

In speaking about his mother he says: "Oh, I get alone fine with my mother; I have no troubles."

At first he denied all fears, but he began to be fidgety, lost his smile,

showed obvious anxiety, and said: "When I was small, I used to have the door open but I didn't have any fears." He was reassured and it was suggested that, even though he didn't believe in these things, a lot of people felt them, and he then agreed that he was still fidgety in the dark. He required constant reassurance to bring out the following: "I'm afraid of burglars; they'd steal; there'd be nothing left in the house." Showed anxiety and attempted to change the subject. "They'd take me away and throw me in the river in a sack." He takes a flower from his buttonhole and tears it to pieces slowly.

He expressed fear of bugs, particularly centipedes, cockroaches, and bumblebees. He's afraid they are in the house, even though he has never seen any there. "Sometimes in bed I think I feel them; they would bite me and I'd get poisoned." He is uncomfortable in high places, fearing he will fall.

He has a very few mild compulsions. There are times that he feels that he has to get upstairs as something terrible will happen. Then he thinks this is silly and doesn't go, as it isn't bad enough to force him to do this.

He says that he thinks F prefers M, then himself, the grandfather, and the grandmother; that he is best loved by his mother; he places F second and amends it, putting the grandmother second, the grandfather third, and F in fourth position. In regard to himself, he expressed preference for first M, second F, third his grandmother, and fourth his grandfather.

He states that he has five friends, one a girl. He likes girls but they provoke him. "They always want to do something else." He gets along better with boys. However, he would much rather do things by himself. He likes to read, draw, and work with his stage, as he feels he gets along better with himself. He likes to make things but didn't like camp because he was homesick.

An effort was made to ascertain how much he would react to a therapeutic approach. His response was that he was satisfied with himself, there was nothing he would like to change, and the only trouble was that others caused him trouble.

With regard to F, he at first said he doesn't do anything; "He just helps my grandfather; he drives him around." He then expressed the wish to draw a picture and drew with a ruler an extremely symmetrical building, with an opening in a dome from which a rocket ship is being propelled toward the moon.

He doesn't like athletics as he says they bore him, but then he agrees that he is not good at them; says: "Oh well, I just can't do it; I don't want to do it!"

Impression: Egocentric expanded personality with feminine traits. Mild neurotic coloring. Fears of burglars and insects; occasional obsession and compulsion. Many oral and anal infantile personality features, including

thumb-sucking, interest in magic, negativism, and some reaction formations; perfectionist drive, neatness. (Probably Oedipus conflict with partial solution by effeminate identification.)

4/5: Initial conference. Discussion brought out that Patrick is very negativistic; this is shown by his responses on the Rorschach and his inability to face his own fantasies. He represses the fantasy element and there is a definite splitting off of emotions. It was questioned whether the fact that he was brought up by different nurses kept him from developing any object libido. From the psychiatric examination, he seems to have a better relationship with M than anyone and is quite hostile and negative to F. It was thought that F was severe with him, not only because he thought this advisable, but because he is rather a child himself and is competing with Patrick for the attention and affection in the household.

It was thought that Patrick's difficulty lay in the total personality structure, which is harder to treat than the definite neuroses. It was thought that the child should be given as many opportunities for sublimation and satisfaction as possible, and that if he does not definitely improve by the time he reaches adolescence, the family might consider psychoanalysis for him.

As for treatment of his problem of the thumb-sucking, both home and school should be advised that this problem should be put back on Patrick to solve. They each might tell him he is growing, it is his problem and it is up to him what he does about it. This method is recommended because it is believed that this boy has a lot of negativism and, if advised against sucking his thumb, this just reinforces his negativism. Patrick has a lot of anxiety which he has to appease in some way and, if responsibility for this habit is put on him, he will handle it as best he can.

4/13. M and F were seen at the office together. When asked first what they were particularly interested in, F said he wanted to know why Patrick had been referred to us. It was explained again that the school thought he could be helped in his social adjustment. F said he was greatly relieved because he is anxious and worried about Patrick all the time.

W explained the necessity of Pt's developing a stronger identification with a man and mentioned that this could be done easily if F adopted a less critical and more positive attitude toward the boy. He agreed to do this and said in fact the other day they had gone on an outing and he had enjoyed it very much. He has noticed that the boy is effeminate and W agreed that he had some feminine traits.

F admitted that the one reason he is so critical of Patrick is that he just cannot stand the habit Patrick has of sucking his thumb. M agreed that this annoyed her too as it makes him look like an idiot. However, they

were told that this habit might decrease if the responsibility of it were put upon Patrick. It was explained that he is now acting negatively and persistently in response to all the pressure being put upon him. The family will tell him that the responsibility is his for discontinuing, and try ignoring it. W assured them that the boy would not be able to stop this habit right away but he might improve somewhat.

They were told that he had many interests and the more outlets and satisfactions that he is given, the better will be his adjustment, and it did not seem necessary to try to force him into athletics at this time.

M agreed with the psychiatrist's opinion that the boy was rather ego-centric, satisfied with himself, inclined to be happy, and hoped that he would gain satisfactions and attachments that would fit in with his aspirations.

5/10. While at school about another case, W discussed this boy with the teacher. She said she had been very much interested in the report and the statement had been made that Patrick could not be treated either as a child or as an adult at this point. She commented she guessed she would have to wait to get some help with him until he were older. She did not think there was any way in which the clinic could be of further help.

This case had been left open with the statement that unless something came up on it, it could be closed. *Case closed*, no status available.

1/19. Worker wrote to M, asking her to get in touch with us regarding Patrick's progress. It seems improbable that she will keep the appointment as she is now living elsewhere, so that worker asked if she would either telephone or write if she felt unable to make the trip.

2/3. M did not acknowledge worker's letter, nor did she keep the appointment.

ADULT OUTCOME

He was able to complete some college. However, he was enuretic until age twenty. For a period during his twenties, he was under active treatment for this. He described with convincing details the homosexual activities he has engaged in regularly since his teens. He was rejected for service because of enuresis and homosexuality.

Roger

REASON FOR REFERRAL

Peculiar, abnormal behavior at times. He threw his books, hat, and coat away in the street because he didn't like what teacher said to him. On another occasion he didn't go home for lunch for the same reason. Talks back—impertinent. He can't see the reasonableness of requests for gentlemanly behavior.

REFERRED BY

Principal.

PERSONAL DATA

Age nine years, eight months. Fourth grade. Living with both parents and one brother, age three years. Average economic conditions. SSI: none. IQ superior.

6/3: *Social history.* M came in. She is a small, well-groomed woman who seemed outgoing and intelligent; she said that Roger's school problem had improved but the chief problem is that he has trouble going to sleep; he goes to bed at nine and stays awake until eleven or twelve. The family have had him to several doctors. The doctor advised them to pay little attention to it; he explained that some children get along with little sleep and only if there seems to be bad physical results should the family try to do something further. Sometimes M said they feel that the lack of sleep is attention-getting; however, Roger seems tired in the morning. This accumulates until he has an outburst of irritability; he is put to bed for extra rest and then starts the whole cycle again. M denied that he is afraid of the dark; he has always slept in a dark room. During this waking period, he does not lie still but talks to himself. Once asleep, he is fairly quiet. Much of his talking and play recalls stories from television westerns. The difficulty with sleeping did not occur at summer camp.

M brought up the number of moves that the family has made because of the father's business. She felt the moves had probably held Roger back in school. He has been in six different schools. At first, he did not get on well in school. He did not seem to pick things up very quickly; then when he went to a different school, he was pushed ahead and did well. Until this present school, he has always adjusted well and made new friends in the community and the school. He has had trouble almost since he started in his present class, however. The teacher is brusque; she has a large class. She said she could not give Roger individual attention because of the class size. From the beginning, Pt said he did not like the teacher, and M thought that he got this idea from the other children before he went into her class. He said he was not marked right and began to be unhappy about school. M says he has a temper and a tendency to be stubborn but these have never been outstanding traits until now. Since his difficulty, there has been a closer tie-up between home and school. M smiled and said she did not know if they should have done it, but they promised him a watch which he wanted very much if he improved in his work, and he has worked very hard for this. M said the teacher called him down in front of class for handing a paper in wrong; he became upset, started to cry and went to the basement instead of going home to lunch. M said she did not worry when he did not come home. They sent monitors down to look for the boy. About 1:30 a monitor brought Roger home. A few days after this he threw his hat and coat in the street in a fit of rage.

In regard to the temper tantrums, M said that F has little patience with him and is apt to shout at him. She leaves the room when Roger has a tantrum and when she returns, she finds him playing peacefully. He never carries a grudge and he likes praise. He has been known to throw his shoes when having a tantrum. These occur every few weeks. Prior to this, they have not appeared in school or camp, only at home.

He is very honest, and always tells the truth. The family have tried to encourage this by not getting excited no matter what he tells them. Roger is restless, especially when he eats. He is interested in science; he reads only *Popular Science* and *Popular Mechanics* magazines.

The neighborhood situation is possibly a cause of difficulty this year. Here he does not have so many friends. M thinks next year she may let him join a number of clubs so he will get acquainted with other children in the neighborhood.

Roger is friendly to his little brother but keeps to his own activities.

6/23. M brought Roger for the psychological examination. He has been doing better in school, seems less upset but still does not have as many friends as he should. His marks have improved and he is happy now. M

gave a picture of F being closer to him and taking interest in him. Roger is anxious to succeed and to make a good showing and becomes unhappy if he cannot do this. M feels he needs help in this regard.

6/23: *Psychological examination.* Roger is a normal appearing, nine-and-one-half-year-old boy. He is an alert, interested looking child and makes an easy social relationship. He is responsive, talkative, and rather old-fashioned in his gestures and manner of speech. During the examination he responded to the examiner as one adult to another, and gave the impression that he is accustomed to being treated as one of the adults. He is somewhat highstrung and irritable in wanting to do things for himself and take the initiative. He seems to resent directions given too precisely. Present results show superior intelligence with an unusually fine memory and excellent reasoning and verbal development. Motor coordination is comparatively poor.

Roger says he has quite a number of friends with whom he plays in the school yard. He seems to have many varied interests.

Roger's problem appears to be more an emotional than an intellectual one, although his behavior may be partially due to the fact that his school work is too easy for him and does not stimulate him sufficiently. Placement in a special class for gifted children where he would compete with others of his own caliber would be helpful.

10/6. M came in. Roger likes his new class and teacher, but is in the slower division. M feels that he is getting more nervous. He moves constantly, cannot seem to sit still. His arms and legs move even when he's reading or talking. He is easily upset, crying or getting angry. He does not like to take orders.

Pt had a thorough physical examination a few months ago. Doctor reported perfect physical condition except for nervousness which he "would grow out of." M objected that he has grown more nervous instead. Asked for possible cause of nervousness M said Pt had had a very bad shock at six. He was carrying his year-old brother when he stumbled and dropped him. The brother landed on his head and died two days later. Pt's nervousness and insomnia seemed to date from this time.

Pt has always seemed hesitant about mentioning the little boy. M was not sure whether he or the parents initiated this. At first the parents could not bear to speak of him. Now Pt never does.

F is described as fond of the children but quick tempered, "no patience." He does not play with them much. Both parents occasionally slap, and deprivations are used for punishment. Roger is affectionate with both.

Roger now has many friends who come in to play with him.

10/9: *Psychiatric examination.* Roger is a small, thin boy of ten years, who appears younger than his age. He was very neatly dressed. He was quite restless and overtalkative. During the early part of the interview he sat in a chair, wiggling around and fidgeting with his hands. Later he got up and talked while standing and walking around the room. He speaks with much feeling, inserting many expressive gestures of his hands. He has a rather wide vocabulary and appears to be of superior intelligence with a wide field of information.

He came to the point immediately, saying he was nervous.

It seems I must always do things with my hands. I'm active and I can't sit still. When I watch television I have to sit right on the floor. I'm always active at games and I can't sit still a minute. I'm very interested in sports and I understand all about sports. I like to play baseball and football. Usually I'm very nervous at night. My mother couldn't sleep with me because I roll so much and I walk in my sleep sometimes. I don't doze off to sleep until eleven o'clock. There was a little hole in the wall and I kept peeling it until it grew to be a big hole. My mother had to plaster it up.

He is quite reluctant to give information about his fantasies. He dreams mainly about sports. He also tells about a dream in which a wolf was going to eat him up. He says "the main principle of my dreams is that I always get into trouble like tripping or missing in the football games." He also says "In school I sometimes shut my eyes and my mind is a million miles away."

He lives with his parents and one brother, aged three. His brother is always falling off chairs and getting into mischief. His father is quite nervous and sometimes spansks Roger. Then F and M fight about it. He likes F least of all.

He comments that they have lived in many houses and that he has been to many schools. The school he likes best is a previous one. He is now in the fifth grade, and last term had some trouble with his teacher. Pt says he gets along all right in his school work. He had a brother who died when he was a year old and Roger was about five or six. He said that he liked him and didn't feel good when he died. Ideas about his brother do not come up very often because his present brother takes his place.

One could not get much of an impression about his social activities. He rambled away from this subject and it seemed that he tried to give the impression of many more friends than he really had. His ambition is to be a chemist or a mechanic.

The diagnosis is: Psychoneurosis, anxiety, and conversion hysteria. The outstanding complaint is the insomnia referred to by M. The boy also focused his attention on this problem by many references to his concern about sleeping, that he cannot sleep in a double bed, that he is a sleep-

walker, that he cannot sleep in a strange bed. His emotional disturbance is also reflected in his hyperkinesis, which is probably a somewhat disturbing factor in school. He is undoubtedly repressing much hostility against the younger brother. The death of the other brother, especially in light of M's suggestion that Roger might be responsible for it, probably has established many guilt feelings in the boy. In any case, children generally react to that type of accident as if they had initiated it. There seems to be a close resemblance between his phobia and the circumstances of the brother's death. Undoubtedly, the problem is connected with Oedipus problems and masturbation conflicts, which reach a crisis at about the age of six. If he can be fitted into our schedule he would be a good case for psychotherapy.

Treatment interviews with mother (10/14 through 6/12). M was seen on an intensive basis. The problem with Roger and his mother was her difficulty in setting limits for his behavior. M had always gotten satisfaction from giving in to Pt and having her husband appear the stern member of the family. She hangs on to Pt's affection for her in this way; the result was his overattachment to her, which had been traumatized just at the time when he was having rivalry with his baby brother and the brother was killed. Because of this he had had tremendous conflict about his attachment to M. She increased it by being unable to let go of Pt's dependency and affection. She in turn reacted to the baby's death by hanging on harder to Pt and giving him more favors. During the first part of the contact she discussed the baby's death a great deal more, wondering if she had neglected the child, feeling she had left the children alone when she should not do so. She went over the tremendous shock she had received. In our discussing her feeling of guilt in regard to it, I tried to help her bring out her feeling and then she suggested that she was not really responsible, that is, that the death was accidental. She then linked this to Pt's feeling that he was responsible for the baby and discussed the fact that he must have had the same conflict she did first; then that she had identified his feeling of guilt about the baby with her own. Knowing what he was feeling, she had tried to soften all other blows for him. She gradually felt that she had been keeping him from normal life experiences, protecting him against neighborhood children, school difficulties, particularly against his father, to make up for the bad time he had had. She realized that he had to face life normally, could not go on being protected, and she gradually was able to discuss letting go her hold on him. A specific instance was her not taking time to go out with F herself, because Pt would feel left alone. This she recognized also as a fear of leaving her present baby with Roger as a repetition of the old experience. Towards the end of the contact she became able to leave Pt in charge of the baby and to go out with her husband in the evening. She had previously made

no effort to have Pt have time by himself with her or his father. She had let him run into the living room repeatedly after he was supposed to be in bed. He had insisted on his door being left open. He had stayed awake at night, drumming the wall and poking a hole through it. M's inability to treat Pt as a normal child and her need to try constantly to win his favor seemed to go back to the traumatic experience of her child's death more than her own childhood.

M had resented her mother's domination, although she lost her when young. On the other hand, she indicated some dissatisfaction with her marriage in speaking of F's "stubbornness," "strictness," and "unwillingness to share with her" and talk things over with her. Gradually she had begun to discuss her troubles more with the children because of his excluding her. She talked things over with Roger more and leaned more on his affection. Here again we discussed her trying to develop a closer relationship with F, which she had lost since the first of her marriage. We discussed her giving him time, as well as Roger, and keeping the two times separate, as well as having family activities. She started going out with F for an evening or two a week. It was extremely hard for her to encourage F to make a companion of Roger, but she did do so. She did recognize Roger's trying to come between her and F, particularly trying to get her attention from him. For the first half year Roger did not make friends with other children but spent most of his time in home activities. In the spring he began to go more and more with other boys. His deep interest in baseball made this possible and also developed a relationship between him and his father.

Treatment interviews with patient

10/14. Roger was quite talkative and required very little stimulation. He was not inclined to play with the toys but was satisfied to talk. He comments that his mind often wanders. His father does not like him to watch some programs on television. Roger likes to watch Westerns but that is not what he dreams about. Every night when he goes to bed, he has a funny dream and he is afraid he may have a scary dream. Sometimes he listens to the radio. While listening to the radio he thinks of baseball, etc. "No one knows where my mind is." He cannot wait to get older. He likes to make things; he was offered clay and began to work with it. He was encouraged to fantasy aloud. He comments that he often talks to himself. He makes doughnuts with the clay. He associates to girls and dirty pictures which some of the boys showed him. He sometimes gets a feeling of lightning in his right leg. He then says "You know there is one thing I often wanted to know and that is what makes matches burn?" He attempts to fashion a man with the clay. He comments that it is harder to shape a woman.

10/28. Roger is still quite nervous. He is getting bad conduct marks in school for getting out of his seat. The hole in the wall where he sleeps is getting bigger because he still picks at it on account of his nervousness. He is critical of his father. F used to say he would wring his neck and he used to be very scared but not any more. Sometimes he thinks of it when he goes to sleep. Interpretation was attempted but he resented it and attempted to deny it.

11/25. Roger has improved in conduct at school although his work is not so good. He is still having difficulty falling asleep and is digging the third hole in the wall. The conversation was directed to his brother who died. He sometimes wonders what he died of. Roger was asleep in bed when he was taken to the hospital during the night. He speaks about his present brother being a pest. The conversation was again directed to the brother who died. At first he ridiculed the psychiatrist for thinking that he could remember that far back. He then goes on to say that he remembers things when he was three and younger. He is evasive and tends to change the subject. The psychiatrist suggested that his "nervousness" may be due to thoughts about the brother's death.

12/2. Roger's conduct at school is B+; his work is not so good and he is weak in spelling. He commented that he now knows what happens at night. He has noted on two occasions this week that he became scared. He has not been scared like that for years. There is a certain tie in the closet which kept changing its shape. It once looked like a bird. The psychiatrist inquired as to the reason for his fearfulness and suggests it might have some relationship to his dead brother. Roger goes on to talk about how everything has a process. He wonders how fireworks are made and where rain comes from. While playing with the clay he models a man and then wrings its neck.

12/9. Some inquiries were made regarding Roger's symptoms, particularly the headache about which he complains. He is also worried about "heart pains" and worried about his appendix. His descriptions of headaches are rather vague. During the interview he paces up and down the office. He suddenly comments that he would like to talk about his dead brother again. He said that he never saw his grave or the hospital to which he was taken. He wonders if he saw these things whether he might get over any ideas he may have about him. Since it has been definitely established from the parents that he was accused and questioned at his death, it was felt expedient at this time to discuss this directly with him. He did not recall the questioning. He then comments that recently he has been worried, about as much as when the brother died, when the present brother

hurt his finger in a door. The brother put his finger in the crack and Roger accidentally closed the door; quite obviously this is a similar feeling of guilt and responsibility in relation to his sibling aggressiveness.

12/16. Roger spent most of his time working on the clay, making a man which turned out to be a traffic policeman holding up his hand with a gesture of "No." He outlines the word "Nut" on the man; he comments: "I hope I do not have to wring your neck today." The man seems to be identified with the father or the psychiatrist.

1/6. Roger tells about the many presents he received from F. He has not improved much lately and the hole in the wall is increasing. He then speaks about remembering passing the hospital where his brother was. He has a few friends but denies that he is afraid to play with them. He hates his brother because he thinks he is the boss and always wants him to play his games.

1/13. He was extremely restless. He was walking up and down the floor of the reception room and said he does not mind restlessness but it makes all the other people nervous. He comments that he had a scare the other night, he saw something in the closet and he became nervous and began perspiring. It had something to do with the clothing in the closet. It may be that it looked like a wolf and that he was afraid.

Saw M, who said that he was getting along better at school and that he was going to sleep somewhat earlier.

1/27. Roger seemed pleased. He asked the psychiatrist if it was due to him that he had received a commendation from school.

He has more friends now. He spoke about one occasion when he refused to eat with his father. As far as Roger was concerned, it was an experiment and it had the effect of an explosive bomb; he was terribly frightened. He does not recall the reason why he became mad at F. He suggests that I might ask his mother and insisted that I call her in as on previous occasions. M was proud of him and showed his commendation. This was probably one reason for the request; he then asked M to tell about the time when F exploded. M seemed surprised that Roger remembered. She could not recall the reasons for the quarrel.

2/11. Roger was again asked about the sleeping arrangements. His younger brother sleeps in the same room with the parents, and Roger's bed is in a small room off the parents' room. He is quite curious about babies. He admits to masturbation and comments that he is often worried about

why he does it and has tried to stop that habit because "it is not the best habit." He has often been disturbed by his parents talking at night. He understands about children but still wonders where the seeds come from. He speaks again about not liking the children in school but does make friends outside. The children in school are bad; "They do not like me and I don't like them and I remain just neutral." In any case, Roger does not care to fight much.

2/17. He spoke again about his relationship with children in school. He said, "I like to be neutral, nobody likes me so I like nobody." Sometimes the kids think he is a sissy because he plays with his younger brother. He spoke about his masturbation and indicated that it is tied up in some way with his interest in science. He feels that he likes science a lot but is not old enough to really understand it. Then he said that it is also connected with the dead brother and his interest in babies and that it is like a jigsaw puzzle and he cannot put it all together. The relationship of these various associations are obvious. Some interpretations were offered. During this conversation he was drawing absentmindedly and drew a number of phallic figures which were later turned into airplanes. He identified these phallic figures directly when asked for associations.

2/26. Roger said he nearly did not come today because of a test in school. His teacher told him that it would be more important to go to the clinic. He comments about waiting in the reception room: he gets restless and nervous. He was asked to discuss this. He was shown that he probably becomes scared and afraid. He denied at first that he was afraid. He then talks about baseball games and says that when F takes him to a baseball game he feels good and it means that F likes him. He then speaks about teasing F. He was asked for associations about his fear of F. He asks why he has such a knack for science and why he is interested in it. F is only vaguely informed about his interest in science. F does not know about his masturbation and this is connected with Roger's fear of him.

3/5. Roger again resumes his play with the clay and proceeds to build another fort. He speaks about playing with his "wee-wee." He usually does this at night; he learned when he was four years old. He does not like to do it because it is unhealthy; it is not healthy because his father might find out and then he would get a licking. He is not playing with the hole in the wall as he did formerly. On association he indicates that the wall may be a body with a girl's "wee-wee." He recognizes the sexual connotation of his playing with the wall. It is significant to recall here that the wall adjoins the room of his parents which also has intervening double doors. During this discussion he had four men in the fort defending them-

selves. He indicated that the fort could not defend itself. It was interpreted that he was apprehensive about our discussions.

3/19. He spoke about his report card. He is doing fair work but still received three U's, emphasizing particularly his poor relationship with other children and his inability to socialize. He says that he does not speak well because of his brains and that it is not his fault. He insists that he is playing better with other children; he plays with three kids his own age. It was shown that he had much anxiety about fighting. At the end of the interview, he kept looking at the clock. This was pointed out as evidence of his anxiety.

3/26. Roger said that his daddy was turning off the TV so he would do more school work. There was some conflict about the newspaper. Roger said he can still fool him even if he does not watch TV; he does not have to do his work. It was pointed out that Roger was really testing his father. Roger said that his marks were fair. He then spoke about listening to his parents whispering when they were in bed; he has often reprimanded them about it. He then offers the idea that his interest in spitballs may be because they resemble the penis; he offers the same association to bombs and bullets. His castration anxiety was brought up; he agrees.

4/16. Roger volunteers the information that when he is reading and M calls him, he often does not hear her; this shows that he can concentrate very well. He was somewhat apprehensive. He offered associations about a horse. He said a horse often goes into battle. He spoke about race horses, and then about competing with his father for first base. He is racing with his father and brother for mother; then thought of a horse who was out of the race in the first lap and that is the brother.

4/23. Roger said that the brother had his tonsils out. He comments that when the brother came home he had a reception committee just as if he was the mayor and that his crib is half full of toys; he denies jealousy of his brother. This was discussed further and he was given some insight. He admits his competition with F but not with his brother. He talks about racing and suggests that this may explain his interest in sports. He later comments that he has a small baseball bat and hopes to get a big bat. In relation to the bat, he associates penis and later masturbation. He denied that he masturbated in school but said he did at home. He was told that we received a report some time ago that he masturbated in school. He imme-

diately mentioned a teacher who he said probably reported him, but still denied it.

4/30. There was a squabble recently on account of homework; his father did not talk to him for a whole day. F says he will now come home at nine o'clock after Roger has finished his homework. Roger knows that M takes his side and F does not like it. Roger admits that if F took a room elsewhere, he would then have M to himself. He says that if he concentrates while he is in bed, he can hear every word that is said in their room. Every time father kisses mother, Roger makes up by giving her two kisses. He admits that he has been curious about what goes on in their room. Sometimes he "sneaks" into their room and frightens them. He denies any concern about F. The problem at home is becoming more focused and clearer. His rivalry with F is now obvious to all. It will now be necessary to work out some of his transference in his identification of me with his father. It may be necessary to stimulate this by some contact with M.

5/8. He was asked about his father's idea of leaving the home. He says F has decided to give him another chance.

5/21. Roger received his report card and he has improved greatly. We discussed his distrust of me. It was related to his fear of his father and me. He was asked for some real basis regarding his distrust or fear of me and since he could not offer any it was suggested that it might be due to his own attitudes and fantasies. He offers to search for some cause of his fear of his father. He said that it may be related to the various homes they have lived in and that we might investigate each separately. He talks about one house and that possibly something happened there in relation to his brother. He recalls burning a rug with an iron. He seemed to get some insight that his resentment towards his father might be related to F's own hostility against him. This was related to the Oedipus triangle which is quite clear now in his case. He recognized his rivalry with F and the unrealistic aspects of this were pointed out to him.

5/28. Roger is quite excited, says he may see two ball games with F this weekend. He is getting along better in school and also with F. With a tone of annoyance he talks of his parents going out every night and leaving him to take care of the baby. He does not like it for two reasons—his brother gives him a lot of trouble and he does not like it that M is not in the house. His attachment and jealousy regarding his mother was pointed out. He agrees. He has a lot of trouble with the brother. He always says he likes him but does not. Brother says he likes Roger. Some-

times Roger does not feel like going to school. He is asked whether this is because of his jealousy of the attention brother receives. He denies this but later confirms it.

6/11. Roger is going to the country with M this summer. F is going to take him to a baseball game before they go. He is sleeping better; his parents are not going out as much. He still is scared when M is away, but not as much.

10/3. Roger improved gradually after June in his relationship with other children. M encouraged him to bring children in. She had a continual struggle to tell Roger only a few things he must do but to insist on them. Her tendency was to give him many orders and then let them go. As she became more stern in her handling of him he became less nervous. He tended at first to argue with her; later he was willing to discuss reasonably. F appreciated the change but only reluctantly was willing to become less severe himself.

During the summer the family went to the country. Roger's marks had improved greatly by then and in the country he got away from the TV which he had used as an escape. Also M was able to handle him alone without his trying to interfere between her and F and without her feeling under fire all the time by F.

10/5. Visit to Roger's school. His teacher said that he is not doing his best but doing well. He is often slow in giving answers. He is no behavior problem.

10/21. Roger had many friends and played actively in the country. M had a good rest. Roger is easier to manage, has more friends, is more independent, has more self-confidence. He plays baseball with older boys after school. After supper he does homework without urging, and does not ask for help. He is not as dependent on television. F is happier about him. Roger eats better. Two boys near his age are friends and the "gang" comes in often in the evening. In school Roger has been assigned as leader of a study group.

The greatest problem is going to bed. Roger uses all sorts of excuses to keep coming out of his room. F gets upset, is apt to yell. This bothers M. They have asked if they can't have some privacy. Roger says they're alone together when they go out.

Roger also does not prepare for tests until the last moment, recently failed history because of this. M wants to help with homework. We discussed this as being her need rather than Roger's; his need was to learn to

work "on his own," take responsibility, and learn to face consequences of his own acts.

We discussed M's difficulty in being firm, finding it hard to say "No." Worker said that she and father should have time alone. She said she would try to be firm with Roger.

She expressed a fear of Roger's going with older boys because he might learn something about sex. I spoke of his natural curiosity as normal and said that the only danger of masturbation was fear of its effect. She said that Roger was reported as masturbating by his school after his brother's death. His doctor said to ignore it and see that he had plenty to do. Two years later M noticed his "lying down after going to the toilet." Again her doctor advised her ignoring the habit, that it was made worse by attention. I agreed and reassured her that Roger would naturally ask questions now, have interest, and that while he was sick the habit was an escape. I felt that she was trying hard to be "sensible," but felt uncomfortable discussing this (she had originally denied that Roger had this habit at all). She fears Roger is associating with older boys too much.

I believe M should continue to see a social worker. Some of her repressions are just breaking and we might be able to help her more now than previously. She is beginning to see her own overprotection of Roger.

Treatment interviews with mother (10/28 through 3/26). M was seen in connection with psychiatrist's seeing Roger. Treatment went on in the same lines. Roger was less nervous, less interfering between the parents, and it was a matter of having M change, become firm, more secure with Roger. He became a sound sleeper once asleep. He made the honor roll in school; his work was increasingly good. He became more interested in social groups. He was also more interested in books and in games. He began to take a little more responsibility for his own appearance, and for his little brother. M seemed to have no further need to go over the second child's death but said she felt more comfortable about this than she had for a long time. In the fall Roger developed tics of the face and head. The parents immediately began telling him to stop and this made his condition worse. I talked this over with M, explaining it as a secondary symptom, as Roger's difficulties were leaving. Being a secondary symptom it would stop if the family did not pay any attention to it. They adopted this method with some misgiving and found that it worked. The tics had completely disappeared by December. Upsets seemed more naughty than nervous and M was able to deal with them normally.

At the last visit Roger's nervousness seemed chiefly to have gone. There were still arguments with F about such things as TV, doing his homework, going to bed, and the like. These seemed normal and M seemed to have

gained a good balance of attention and care between the two children and her husband. She was able to recognize when Roger was jealous. *The case was closed:* marked improvement.

ADULT OUTCOME

Entered service at age twenty-two. Good outcome with a high record of performance during two years of service. Returned to college after discharge.

Paul

REASON FOR REFERRAL

Truanting, nightmares, occasional dizzy and fainting spells, difficulty in falling asleep, and incorrigibility in school and at home.

REFERRED BY

Welfare agency.

PERSONAL DATA

Age eleven years, four months. Repeating fifth grade. Living with both parents, two young adult brothers, and two sisters, ages thirteen and fourteen. Poor economic status. SSI: nine. IQ 87.

Family history. Father had schooling through the sixth grade. He did not learn any particular skills or trade. He is now employed as a laborer. He speaks English rather brokenly but apparently readily understands spoken English. He is a hard worker and seems to be a mild, easy-going man who likes his home and family.

His relationship with Paul is poor, but Paul admits that he is his father's pet. F's attitude towards his son's truancy and behavior problems was expressed when the worker asked him why Paul was allowed a great deal of freedom and lack of directed disciplinary action. F shrugged his shoulders and said something to the effect that they had lost control of Paul when he had been ill several years ago and they spoiled him. They had never regained control of the boy. F may reprimand Pt spontaneously when some misbehavior comes to his attention. M may tell him, upon his return from work, that Pt has not been in school or he had misbehaved in one way or another. When this is brought to his attention, he hits Pt with the flat of his hand on the upper portion of his back. Paul feels if F has to hit him at all, he could hit him a little lower where all little kids get hit.

F speaks his native language to all of his children and wife. Pt claims

he understands a little, but not a great deal. Pt said that if his folks don't want him to know what they are speaking about, they speak very rapidly in their tongue.

Mother is very talkative and always comes forward with plausible excuses for any shortcomings in her handling of the children. She does not give the appearance of resenting agency activity or supervision, but she cannot be depended upon to carry out any plan that may be suggested by the case worker. She is inclined to make numerous and heavy requests.

She has expressed her prejudices toward Pt's teachers in the presence of Pt, saying on many occasions that they "pick on him." Her attitude toward the teachers is reflected in Pt's attitudes.

M has given Pt several whippings for his misdeeds but still gives Pt his way in his desires. Some examples of this are:

1. M fried an egg for Pt's breakfast. Pt did not like the color of the egg, so he threw it at his mother and wanted another egg. M fried him another egg that was to his liking.

2. Pt was dressing for school one morning. When he put on his socks, he discovered that they were in need of mending. He wanted another pair of good stockings. M gave him a soiled pair for all the stockings he had were in the wash. He wouldn't wear the soiled pair. He wanted some clean stockings or he wouldn't go to school. M bought him two pairs of stockings at a nearby dry goods store. He missed his morning classes.

3. Eyeglasses were purchased for Pt a year ago. He wouldn't wear these glasses because he didn't like the frames. M promised to buy him his desired frames.

Siblings: Robert, the oldest child, finished the eighth grade and went to high school for one year, but he did not pass his grade so he quit school and went to work. He has had numerous jobs, usually some kind of delivery work. Presently he is in the Army. He is independent, almost arrogant at times, in his manner. He was his own boss as to how he spent his leisure time before he entered the service. While still at home he kept late hours. There is no record of delinquency. He has made several requests for money from his mother. M, although she claims she is always short of money, fulfilled his requests.

Robert's attitude toward Pt's truancy and behavior problems was that of indifference at first. Since his entry into the service, he has been writing to Pt encouraging him to go to school and not think of quitting school when he is sixteen.

David has finished the eighth grade and recently received a permit to quit school and go to work. His school record was rather poor. He was expelled from school due to his constant misbehavior. David's relation with Pt is very indifferent. He doesn't have any feeling of responsibility toward his younger brother. Pt is a bit antagonistic toward this brother.

He feels David is the "pet" of the family as well as of all the relatives. He said his brother gets everything he wants. Pt feels badly about the new bike that David received. He said he always wanted a bike, but his brother got it. The parents, however, did not buy the bike for David. He purchased it out of the money he earned.

Andrea is in the eighth grade at school and is a satisfactory student scholastically and in her behavior. She helps M at home. To all appearances she is well adjusted to her surroundings and is a happy child. She is concerned with Pt's behavior. She is a help to him with his studies and encourages him to go to school. Pt, however, does not seem to be too attached to Andrea.

Barbara is in the third grade at school. She does not have any trouble at school or in the home. M stated that this sister was a rather sickly baby. When she was born, Pt was approximately two and a half years old. Pt's period of life at this time was filled with illnesses. He was accustomed to parental attention, and fussing was transferred to this sister. Pt, however, does not express any resentment toward her. He is very indifferent toward her.

The family seems to be rather closely knit. The children, especially the girls, are found helping with the work about the home or playing in the house with their young friends. The home seems to be a happy one. Paul shows a great indifference toward his brothers and sisters; yet he wouldn't consider leaving his home.

Pt has a slight build, which may give one the impression that he is younger than he is and thereby astonish an individual that such a small boy is "so smart" in expressing himself. His personal appearance is good. He dresses neatly. His hair is usually combed, trousers pressed and shoes well shined. Pt takes pride in his personal cleanliness. He presses his own trousers and shines his own shoes.

M claimed she felt rather ill, other than the usual illness accompanying pregnancy, when she was carrying Pt. She did not know what her ailment was. The doctor was unable to diagnose any organic condition. Pt was a contented baby. He began to walk at one and a half years and talk at two. He established bowel and bladder control when he was two years old. At three he was able to wash and dress himself to a normal degree.

Pt experiences nightmares and dreams quite frequently. M claims that he has been heard screaming in his sleep on several occasions. She blames this reaction to the movies that he attends two or three times a week. M is not concerned in designating what movies Paul is allowed to see. She told the case worker that when he saw a movie depicting the life of an alcoholic, he was heard talking and screaming in his sleep more than ever before.

Pt has great difficulty in going to sleep. He lies in bed for several hours

before he can fall asleep. On several occasions, it was learned, he couldn't fall asleep until three or four o'clock in the morning. When this happened, he wouldn't go to school, for he wanted to sleep on through the morning.

Paul has difficulty in sitting still for any length of time. When talking to someone, he fiddles with his coat buttons or some loose object that may be in his reach.

Pt eats irregularly. M has not established any particular hour for his breakfast or lunch. His evening meal is seldom eaten with the rest of the family. M claims he may come home as late as 9:00 P.M for his supper. She fixes him something to eat at that time.

Pt progressed normally at school until he reached the fourth grade, which was interspersed with truancies, but not to any great degree. In fifth grade his truancies and abnormal classroom behavior increased markedly. When he repeated fifth grade this behavior continued. He was expelled from school. Since then he was registered at four different schools, a boys' home, and again at the first school he attended. In each school, he failed to adjust. After a short period at a school, he'd get tired of going and would truant again. Pt has had excellent teachers. While at the first school, the principal of that school stated that Pt has had one of the most inspiring teachers and that no child could possibly have a better opportunity to do well in school than Pt has had. She further stated that while he was at this school, he was absent more often than he had attended school. However, when he did attend school, his work was satisfactory.

Paul's problem of truancy began in the fourth grade. His fourth grade teacher said that he was an average student. She felt that he is not a bad boy, but that he lacks parental control and understanding. She said that Pt is intelligent but a slow learner.

Pt's behavior with other school children was rather good. He did get into a few fist fights but this was not out of the ordinary for any boy in his neighborhood. Pt had many friends in school who liked him and palled around with him. His companions were well adjusted in school. The only companions that were objectionable were those with whom he truanted. They were much older than Pt and possessed delinquent characteristics.

Pt was talkative and seemed to have an outgoing personality. He expressed indifference rather than dislike of school. He said that several of the children in his family had been asked by the school authorities not to return to school because they got into too much trouble. Pt has a dull normal intelligence. With his present level of mental development he should be able to do fair work in his present grade placement.

Pt's working life began at the age of five, when he helped his brother sell newspapers downtown. This job caused several instances of truancy from school during the first three grades. He also worked as a shoeshine boy in beer parlors. His late evenings were spent in going from one beer

parlor to another until 9:30 or 10:00 at night looking for customers. Recently, Pt worked at a bowling alley as a pinsetter. He says with pride that he made almost as much money as his father did. This job kept him at work until the late hours of the night. He wouldn't come home until midnight or shortly after. While working at the bowling alleys, his truancy became most severe. His excuse was that he was always too tired to go to school.

The money he earned from his various jobs was spent on himself for movies, candy, ice cream, etc. Around Christmas time, however, he did buy Christmas presents for his family with the money he earned.

Paul likes most sports. He plays basketball, baseball, and hockey. He can skate, swim, and box. He follows the sport pages very closely. He likes to read comic books. He is prone to wander about the neighborhood without any definite purpose.

Pt is a headstrong, moody individual. He is frank and direct in his statements about individuals and situations. He seldom feels he is at fault for any of his misdeeds. He feels he is constantly being "picked on" by his teachers, mother, and brothers. He has not made any statements about his sisters or father "picking" on him. Possibly this is due to the very little contact he has with them. He has been threatened from several sources, such as playmates, mother, and the teachers, that if he continues to be truant he will be sent to the boys' farm.

Pt is a personable boy. He makes friends very easily and carries on a very intelligent conversation. He claims he knows his rights in school and makes every effort to maintain them. He won't take any scoldings or slappings from any teacher because "he knows" teachers aren't supposed to do that. He will talk back, sulk, and threaten the teacher.

Pt accepts praise with pleasure. Praise bestowed upon him usually results in a little betterment. For example, case worker praised Pt on his promptness and his neat appearance. The following meeting with Pt, the worker found him to be early and better dressed. From several indications Pt is seeking affection, someone who may point out the good in him and not only his misbehavior.

Pt has shown his susceptibility to withdrawal from a condition that does not meet with his approval. When placed at the boys' home, he wouldn't eat properly; he couldn't sleep; he wouldn't associate with any of the other boys; he was listless in class; he lost weight; his physical appearance became very poor.

Paul is very boastful. He relates his practice of smoking cigarettes with pride, as well as his beer drinking and wine drinking at home. The parents allow him to drink a glass of beer occasionally and to drink wine during the holiday seasons.

When told to perform a task that is not to his liking he will not do it.

He just withdraws completely from the situation or argues heatedly with the person who requests anything of him.

On 3/10 Pt began reporting to the social agency worker once a week for a chat about his school work and activities. These reports were impressed upon him as a means of helping him in his difficult studies and not as a punishment. He appeared to like to make his visits to the worker's office. The worker made frequent checks with the mother at her home and also with his teacher and principal in an attempt to aid him in his adjustment at school. The worker devised a plan of bribery in an attempt to keep him interested in school. This was accomplished by giving him a trinket for each perfect week at school. This worked out well for about three weeks. At the end of this time, he didn't care whether he had a good week or not. The worker contacted several of his former teachers in an attempt to gain an insight into the possible reasons for his truancy and misbehavior.

5/11: Interview with mother. M's focus of intention seems to be very limited and rigid, as she was able to comprehend relatively little. She is an extremely nervous individual, constantly moving her hands to straighten a button, pull down her skirt, push back her hair, etc. She remained in motion during the entire interview and seemed more concerned in the environs than in what she was talking about.

Clinic worker introduced herself and asked M why she was coming to the clinic and what she felt the chief concern was. M said she wasn't the one to say she was coming, that the agency worker had thought Paul should come here so he wouldn't run away from school. Clinic worker asked M why she wanted to come. She too supposed it was because Pt didn't stay in school. W asked if there was anything else troubling Pt. M felt there wasn't. She couldn't see that there was anything wrong. W asked M to ask questions so that W could help her understand what she wondered about. M said she didn't have any questions at all.

W explained how the study would progress. Again M didn't seem to know why she would be coming to the clinic or the purpose in the interview.

M frequently referred to the difficulties she is having at home. She said that her "own nerves have been bothering her so much of the time." Some days she can't even get out of bed because her "nerves are bad." It all started four years ago. She doesn't know what the cause was, but suddenly her throat became very tight and she couldn't get air. The doctor told her it was the nearest thing to a nervous breakdown and told her to leave town for a few weeks. She couldn't do this, although she did begin taking "nerve pills." She has never been right since she became so nervous.

M feels Pt is extremely nervous also. Sometimes he shakes all over,

particularly when he can't have his own way or when she goes to strike him. M gives Pt two or three pills every night to help him get over this shakiness. Pt hasn't always been this way, according to M, but only since he was in an automobile accident four years ago. Pt's leg was twisted and he was in the hospital for two months. Ever since this time he has been nervous and hard to handle; perhaps he has been spoiled.

5/11: Psychiatric interview. Pt was a nice-looking boy, rather short in stature. He definitely blames the teachers for his difficulties at school and insists that he is not afraid of them and he is not afraid to take his own part when they do things to him that they have no right to do. It is clear that sometimes he exaggerates the things the teachers have done to him. He admitted that the reason for his expulsion from the first school was that he had been truanting. He went to another school, where the teacher kept him locked in an empty room. One day he got tired of that and simply walked out and went home. He was asked how he could have done that if the room was locked and he admitted that it was not really locked, but that he just thought it was until the day he determined to try it and walk out. At the next school one of the teachers slapped him and he certainly is not going to take anything like that. Then he went to another school and there he had to stay with his aunt because the school was too far from his home. He got homesick, and insists he did not run away, he just walked home. He did run away from the boys' home, he says. At the next school, he had trouble with the police boy. There were a lot of children waiting to cross the street and so Pt told the police boy to "put up that sign." The police boy refused to do it and so there was a fight. At the first school he attended, the principal said he swore at her. He didn't really, but she just thought so. He talked about how sometimes he gets into an argument with a teacher and says something and then he is in trouble. For the past week or so he has been going to another school, but at that school they have only fifteen minutes for gym and he is accustomed to an hour. Also, at this school one of the teachers slapped a child because he didn't get his arithmetic problems finished in the time allowed. Still, he thinks he'd rather go to this school than to go back to the first one next year because there are certain teachers who will still be at the first school and so he knows they will have it in for him there. In telling about all his escapades he talked with considerable emotion, sometimes contradicting himself.

According to the Binet test given previously, Pt's mental age is at the level of his present fifth grade. His school achievements are at third and fourth grade levels.

Pt insists that he is quite able to do the school work. He gives no reason for his frequent truancies, but he is sure that from now on he will not

truant any more, unless they keep him in the fifth grade for another year. He says that he had intended to go to summer school and make up the sixth grade work so that he could go on to seventh grade this fall, but he learned that they had summer school only from seventh grade up. He is confident that he could do the whole year's work in six weeks of summer session. Some doubt was expressed as to whether he would be able to accomplish this, but he is sure that he could.

ADULT OUTCOME

Entered service at age eighteen to avoid going back to a mental hospital. Several months later he was referred for a mental status examination associated with a disciplinary action. He said he did not like the service and had frequently been absent without leave.

Personal history: Pt began masturbating at about age thirteen. He began dating at age twelve. First sexual intercourse was at age sixteen and occurred one or two times a week. He has been dating a girl regularly for the past eight months. He has had frequent intercourse with her and thinks that she might be pregnant. He would like to marry this girl.

When asked about frequent absences without leave, he said that he had only been paid one time since he had been in service, his property and uniform had been stolen by others, and that he knew what he was doing most of the time. He feels that he is not "crazy" but "nervous."

Mental status: Pt is an aggressive, paranoid (prone to have feelings of being persecuted, gypped, imposed on, and to feel all difficulties arise from external circumstances) young man who was hospitalized at a state hospital for six months for what was apparently paranoid schizophrenia, having turned himself over to the police because he felt he was "crazy." Prior to hospitalization, he had had the idea that people were following him. The general attitude of being discriminated against becomes transformed into more-or-less fixed delusions.

He has several versions of why he has been absent without leave. Initially he said he would get dizzy spells and "find himself at home." Subsequently he said he would "find myself on the bus," and still another version was that he was getting too much unpleasant duty or that he was refused an emergency leave.

He enlisted because he got a girl pregnant. He was put in a reform school twice ostensibly because of school truancy, but more because cops didn't like him because he knew all about neighborhood delinquencies which he wouldn't talk about.

Currently, his general suspiciousness and persecutory ideas are not considered of schizophrenic degree and are more appropriately categorized as being part of a general attitude or outlook, i.e., paranoid personality.

Diagnosis: Paranoid personality, chronic, severe, manifested by habitual inappropriate attitude of being imposed on or persecuted, nonpsychotic in degree.

Recommendations: (1) That no further attempt at rehabilitation of this man be made since it is believed that he is useless to the service and cannot be rehabilitated to the extent where he may be expected to become useful; (2) That he be separated from the service because of unsuitability.

The recommendation was followed and he was discharged.

Sammy

REASON FOR REFERRAL

Bicycle theft and destruction of school property.

REFERRED BY

Father.

PERSONAL DATA

Age eleven years. Lives with father, stepmother, and one sister, thirteen years old. Low average economic conditions. SSI: none. IQ "much higher than average" (K-A test).

8/25. Sammy was brought to the probation office by his father upon instruction of police. He admits that he stole a bicycle from in front of a theater after attending the show there. He took it home and told his father that he had borrowed it from a boy. F told him to take it back to the boy immediately and he took it to a friend's home and left it, telling him that he had borrowed it. The next day he bought some paint and painted the bicycle. Yesterday Sammy attempted to sell the bicycle to a bicycle shop without success. However a man overheard the offer and sent word to Sammy that he would buy it.

F is a very nervous man who says that he has lost his teeth and his hair has turned gray from worry about his children and his domestic situation. He divorced the mother after he learned that she was leaving the children in bed and stepping out at night. They had been separated for six years off and on previous to the divorce three years ago. M remarried and was separated from the husband of that marriage after one month. F remarried three years ago; his present wife is twenty years younger than he. F is quite critical of the boy and tells of previous difficulties with

him. He helped another boy break school windows. He paid his share for them, but the other boy did not. He was dropping newspapers on passing cars when a police squad car passed underneath and when the newspaper was dropped on the police car, the boy was taken home by the police. F tells that he has had complaints about the boy walking against traffic lights and hanging on trucks with his bicycle. He has also had considerable difficulty with his daughter. She truanted a great deal last year. About two weeks ago the girl went to a show and was supposed to come to F's shop afterwards; instead she went walking with three other girls. F found her at about 11:00 P.M. with two of the girls. He tells that he grabbed her and started whipping her with a switch as long as his arm. He says that he whipped her every step of the way back home and has had no difficulties with the girl since. Sammy has not lived with M since the divorce and, according to F, has no desire to do so. He says the boy and the step-mother get along nicely.

9/29. Sammy did not report on 9/15 as instructed, but came today following notification by letter to do so. His attitude indicated that he was happy and he remained in the office for some time of his own volition, talking with the officer. *Case was marked closed.*

10/4. This office was notified by the school principal three days ago that F had come to her, stating that Sammy had not returned home since leaving the preceding week to report here. This officer called the father and learned that Sammy had been home at 4:00 A.M. the night after his reporting. F had questioned him about a bicycle he was riding; he did not answer questions satisfactorily, so F whipped him. He left to deliver his paper route and did not come back. F was told that we would be glad to assist him with the boy when he was found. F said that the principal had suggested that the boy be placed at the County Boys' Home, but this officer stated that he did not now consider that to be in order. F said that the boy had been seen by various people recently, but he did not know where the boy was. Yesterday this officer saw the boy, questioned him, and learned that he had not been home yet. The boy said that he had been sleeping in the newspaper substation. F appeared to be displeased over this officer's action in returning the boy to the home. He said that he knew where the boy was; had been keeping his eye on him; and was waiting for him to return home voluntarily. Sammy was told that if in the future he felt there was an occasion for running away, he should come to this officer immediately and discuss the matter with him, and if we learned that he had run away without consulting with us first, we would direct the police to bring him in. He said that he was trying to find his mother in order to live with her but had not been able to find her. We talked with the principal today. She

indicated that she felt that he should be taken from the home and stated that she would request that it be officially referred to the court. She says he gives no trouble at school because he doesn't come enough.

10/13. Sammy and companion were picked up by police when found filling a cellophane bag with gasoline at a filling station. A complaint had been received shortly before to the effect that they were throwing cellophane bags filled with gravel at houses. Officers report that they had spent the entire night away from home and had prowled some cars earlier in the night. Subject told that police had talked to him the afternoon before for stealing various items from garages and back yards.

10/25. Sammy was transferred to the County Boys' Home, pending a full study of the case and disposition of it.

11/8. The matter was heard by the court with Sammy's father present. Sammy was sentenced to the County Boys' Home, after which he began crying and continued to cry for some time. A couple of hours later, it was brought out that the principal problem seemed to be a fear of being forced by the larger boys to be the recipient in sex perversions. He had formerly indicated that he liked the Boys' Home better than home.

11/9. This matter was discussed with the judge. He felt that Sammy should not be allowed to have the chance to think that he had cried himself out of anything and that he should return to the Boys' Home, if for no more than one week. He had been allowed to spend the previous night at home. He was returned to the Boys' Home and told that if his behavior was satisfactory he could return home in two weeks, which seemed to please him very much.

11/16. His sister ran away from home and was gone for a week, returning when she learned that he was home for his weekend visit. She did not go to school on the day after she returned and F had to go out and find her that night. A week later she failed to go to school and did not return home that night. Her mother has moved from her hotel to an apartment. This officer went to the hotel to inquire for the new address of the mother and when inquiry was made about her the hotel manager replied, "I don't know anyone by that name. How many names does she go by? She has also been known by several other names." We will continue in the effort to locate the mother and when found will explain to her the urgency of her influencing the girl to stay at home and go to school in order that Sammy will not have to be returned to the Boys' Home, as he doubtless will be if the home situation has not become sufficiently stabilized when he returns.

The plan is that he will be allowed to return home next week for a visit of an indefinite length but will not be released or paroled at that time. The principal indicates that she will seek to have these two children transferred back to school.

11/24. Sammy was returned home today for a visit of undetermined length. His record at the Boys' Home has not been good. It was carefully explained to him that his remaining at home depended upon his following certain rules. He must attend school regularly and keep up with his work. He must not be out after dark without his father's permission and must let his father know where he is at all times. He will be allowed to work only between time school is out and dark and all day on Saturdays, but must not work at night or on Sunday. He is to keep an accurate record of all personal receipts and expenditure of money and will go over this record with this officer from time to time. We had talked with M and she told us that Sammy had talked to her about sex perversion problems at the institution. M has moved away from the man whom she was living with.

12/12. This officer called at Sammy's home and talked with him and his father. Later, Sammy told us that he had taken a girl's bicycle from a school yard after school hours. He said that the girl who owned the bicycle learned that he had it and came and got it. He says he has stolen a lot of magazines from newsstands. He would go into newsstands or drug stores and when he would leave he had more than when he entered and would sell the ones he had taken from the stands. He said that another boy who sold magazines had showed him how to do this. He also tells that he used to work at a laundry from which he once took a dollar. His employer reported it to his father on the following day and his father refunded the money to the employer.

12/18. Sammy consulted us today and was given permission to take a newspaper route temporarily.

1/5. The principal of his school notified us today that he and his sister have not attended school for the past three days. He and his sister were found at home, just as they were starting to go to their news route, and were talked with together with the stepmother. They admitted their truancy; claimed that they had spent all the time together in the show. They did not admit having seen their mother until the officer stated that he knew of it. The arrangement by which Sammy had left the Boys' Home temporarily was re-explained to all and it was re-explained to the sister that her cooperation would be necessary if he were to be allowed to remain at home. Sammy was told that he must attend school.

1/6. This officer visited the school and explained in detail Sammy's situation to the principal.

1/10. We looked for Sammy on his news route, but saw another boy carrying it. This boy said that Sammy had failed to show up and the manager had given him the route.

1/17. The stepmother told us in today's conversation that Sammy recently had become angry at her and had hit her in the stomach with all of his strength and then said, "If the baby is dead, I'll take the full responsibility." She asked us not to let him know that she had told this.

2/17. He and his sister visited officer. They mentioned that M now works at a warehouse, though they do not know where she now lives. Their attitude seems to indicate little concern about knowing.

3/6. Sammy called, "I am in sort of a jam." He explained that his sister had told him that she had permission to spend the night with a girl friend. Upon the theory that it was all right for him to spend the night with a boy friend whenever she spent the night with a girl friend, he did spend the night with a boy without notifying F. The next day a boy told him that F was angry with him so he was afraid to go home and now three days later, he has still not been home, though he did go to school today. We suggested that the only thing for him to do was to go home and face it squarely.

3/9. Interviewed the principal of the school today and was told that the sister showed no behavior problems now and Sammy only slightly so. He shows no absences this term, but has served detentions a couple of times.

4/29. *Case closed.*

5/8. Visited Sammy. His sister is at home now, but has not been in school for a month. The stepmother complains that she sleeps until noon if allowed to, and roams the street during the day.

5/22. School notified officer that Sammy has been gone from home for a week and it has been reported that he hangs around the bowling alley. Called at bowling alley. He had been there twice today and had been run off about half an hour before officer arrived, being told never to come back. He and companion had beat up another boy for no apparent reason. He was found with the other boy. Both were taken into custody.

Sammy says he and his friend spent last night in a garage. They did this

once before. It was observed on this occasion that his fingernails were severely chewed.

F was consulted. He is unable to pay for a placement such as at camp. He would like Sammy to be placed out of the home but objects to his return to the Boys' Home. At F's request he was placed in the detention home temporarily.

5/24. Sammy was very unhappy about being in the detention home and was willing to promise anything if he could be allowed to return home. He says he cannot be happy anywhere except with one of his parents. He prefers to live with M and complains that his sister has misbehaved and has several times been allowed to go to M directly following misconduct, while he has tried to behave and earn the right to go to her. We told him he would never be allowed to live with her because of her conduct and he admitted that he was aware of these facts. He was released and returned to school by this officer. It was proposed that if he can pass the present grade, he be sent to summer school, then enter junior high school in the fall. F agreed.

5/25. F notified us that M had sent word for him to meet her and the daughter this afternoon. They were met by this officer and the girl's officer and voluntarily came to this office. M readily admitted that she had been living in adultery for about four years, but said the children thought she was married. The daughter was placed in boarding school today according to previous plans worked out in cooperation with the father.

Sammy was seen this afternoon. He is enthusiastic about summer school, but lukewarm about junior high school.

6/10. Sammy enrolled in summer school, but quit after two days because he says he wanted to stay with his same class. He says that he will work as a delivery boy.

6/27. Called at Sammy's home and learned that he had been gone for nearly a week. He was found later at a home where he has been allowed to stay for the past several nights. He was taken home and allowed to remain there upon his promise that he would not leave the block until he can go to camp.

7/1. Officer took Sammy to camp to remain for six weeks. When he was first told that he could go to camp, he was very eager to go. Later he phoned the officer and wanted to back out because he had some arrangement about continuing to work as a delivery boy. He was very disappointed when the officer would not permit him to back down on the plan.

8/5. The camp director reported that Sammy had run away from camp and the report of his camp period was sent to us. A camp counselor stated that it was not true that he had run away.

8/25. Interviewed his stepmother at her home today. He is not working very much and is not bringing much money home. Recently he was riding on the back end of a truck without permission, threw a chunk of coal which hit an old lady in the eye, causing her to fall down and her eye to bleed. F says that Sammy is ten times as bad as his sister and had been given all kinds of chances.

8/31. This officer saw Sammy tonight chasing a boy on a bicycle with lighted matches. He was reprimanded and told to go home.

10/27. Saw Sammy at school today, checked the school records. He has not been absent a single time this year but makes very poor grades.

11/15. *Case is now considered closed.*

1/24. Truancy referral was received from the visiting teacher today.

1/30. Sammy came to this office today without an appointment and indicated that he had come on his own initiative, but it was learned that he had been sent by the school principal. He wanted permission to go to his mother. He said that he had lived with her a year ago, and had been back visiting her for a week recently. He said that he had seen the principal about truanting, and had attended every day since then.

He complains that F is unfair to him, says he worked for twelve days at a store. He said the manager has not paid him. He thinks that he sent his money to his home while he was with M and F is keeping it.

1/31. Talked with the store manager. He said that Sammy worked for him for one week after school hours and he had to discharge him because he played too much. He said, "That is the darndest situation I have ever seen." He said that he meant both the boy and the home. He said F tried to control Sammy. He does not know why F cannot. F was seen later and told us that the store manager had misrepresented the facts and that Sammy had been working there during school hours. Talked with the principal. Sammy persistently does not go to school. He agreed to enroll Sammy, who was in his office at the time, but he said he doubted that the boy would still be there when this officer came by in the afternoon. Sammy was in the upper group in the fall term two years ago and now, in spring

term, he is in the lowest group, although a test shows that his IQ is much higher than average. We talked with Sammy privately at the school, and explained to him that his statements were being checked on and that his lies were being found out. He was told that if M wanted him, she should communicate with this officer. Later we visited F's place of employment. F said that he had not given Sammy permission to leave at any time and Sammy had not told him that he was going. He says M cannot keep him because his stepfather (it is not clear whether they are married yet) will not permit him to stay there.

Sammy had told us that he left M's town because he and two other boys had slipped into a show and the police had let them go home with the understanding they would return to the police station for discussion the next day. He had come back to F instead of coming to the police station as arranged. F says this is only a half truth, that Sammy had had considerable trouble with the police, but the real reason for his returning home was because the stepfather would not permit him to stay any longer. He said that Sammy's staying out all night had been a considerable problem. He had agreed to be limited to one movie a week. While we were there, his father gave him a dollar to buy school supplies, and later when we went in a store with the father for a cold drink, we found Sammy there eating a sandwich. Before we said anything to him, he explained that he had not spent the dollar for the sandwich but that the waitress had bought the sandwich for him. It seems obvious that he had made a deal with her after we had come in.

2/12. Picked Sammy up and at the signed request of F, placed him at the Boys' Home temporarily today pending official hearing. We had written to the police department in the mother's town and received the reply: "This boy was handled by this department three times during his residence here for loafing around the town, playing hooky from school, and minor thefts. Was before judge on two different occasions. Each time was paroled to his mother. At the time he left here to live with his father, he was being sought for questioning in a burglary of a suburban sandwich shop, in which a small amount of candy, cigarettes, and a few pennies were taken. However, this was not run down and we have no evidence that this boy was guilty of this job."

A letter from the school superintendent there states: "He was a problem case all during his attendance here. We had considerable difficulty in keeping him in school. In fact he was out almost one third of the time during the year he attended school here."

2/20. Hearing was held today. Sammy was represented by his father. He was ordered returned to the Boys' Home under new commitment.

8/1. Talked with the Boys' Home superintendent today, instructed him that Sammy is not to be allowed home visits until further notice was received from this officer. Though we had instructed that he was to make home visits only to the home of his father, the superintendent had been allowing the plan of making every other visit to his mother, who now lives in town. We do not approve this and feel that M should make arrangements through this office before he visits her.

8/16. A letter was received from Sammy today:

I am writing you this letter to tell you that never so much as now did I want to go home to get a job. I have wasted so much time out here that I could have been home doing things for my dad and for myself. I know that you have given me too many chances already but if you'll grant this one I would make good. I know that I haven't made too good of a record out here but I would make it up at home. I could finish school in two years going to summer school in town and I could make enough money to pay for summer school during the winter after school. Now that Dad has moved I could get settled in that neighborhood and go to the school there and no one will know anything about my record. I could start all over again. That's all I want to do is go home to my folks.

If I do good I always get some demerits no matter how hard I try not to. It's not always my fault but I guess most of the time it is. I have been doing dishes two and three times a day for over six months and I am getting dishpan hands. I do as much work as any one. I want to make something of my life and self rather than be a garbage man or street cleaner. I would do any kind of work just to get started. My record shows that I've made more merits than anyone out here. I would do the same outside. Please think it over and come out and talk to me about it. Besides all this Dad needs me.

10/4. Arranged for him to start making weekend visits home.

1/6. Sammy was arrested together with two other boys about an hour after they had run away from the Boys' Home. They were each interviewed by this officer this morning and were returned this afternoon.

7/8. Conferred with the superintendent at the Boys' Home today regarding Sammy and was told that he was very much improved. In fact there are two boys in the school now who are worse problems than he is. Visited him while there after receiving a letter from him yesterday. He was told that he must make some improvement in his merit record before any thought could be given to his returning home.

8/4. Visited Boys' Home today, talked with him and also the superintendent. Sammy works hard and has by far the most merit points of any boy out there. At the same time he uses very poor judgment and has by far the most demerits of any boy out there. There has been no problem lately of an especially malicious nature.

8/5. His father was talked to today. While he tried to pretend an interest, it was obvious that he is not the least bit interested in Sammy. He said that he had not been out to see him or to bring him for a visit home a single time since he was placed at the school eighteen months ago. He said that he would not do so because of the inconvenience. He indicated that sometimes when M goes out after him to bring him to town for a visit, he comes to see his father.

12/9. Discussed his case with the superintendent today. He is still a troublemaker and is trying to organize gang fights in the school. He has been in the school for nearly two years now, is doing rather poorly on the merit rating. We discussed with the superintendent the possibility of working out some arbitrary method of bringing about his release. His father has not been to see him nor has he written to him since he has been in the school. It is felt that he does not care to return to F and since this officer told him once in the past that he could never expect to live with M he probably feels that he has nothing to look forward to. However, for the last year or so she has shown a great deal of interest in Sammy, and it is felt that she is the only resource we have to turn to. She still lives with the same man and it is not known whether she has actually married him yet or not. We suggested that if it is found that she has married him or if she will promise to do so, efforts should be made to effect his release to her. The superintendent expressed the feeling that if Sammy were told that he had this to look forward to, so that he would have an incentive to try, he should be able to bring his rating up.

12/19. We talked with M where she works. She is of plain appearance and talks in a very uneducated manner. She says she married two years ago. She wants to take Sammy, but agrees that her apartment is inadequate, that she is seeking another. This officer gave permission for her to take him with her for a holiday visit on condition that he will return to the home at the scheduled time.

3/5. Visited M's home today and was shown the marriage license. Inspection of the apartment leads this officer to believe that present quarters are suitable for Sammy. Where they formerly had only one room, they now

have acquired the adjoining room and fixed it up for his use. The rooms are neat and in excellent order.

4/15. We conferred with the superintendent of the Boys' Home today regarding him. He had learned earlier in the day that Sammy had been smuggling letters out to his girl friend and this distressed him very much. It was agreed that arrangements would be made for his release in the immediate future. He had been told that he would be released when he got his merits up and he has achieved this.

4/17. The superintendent telephoned today, saying that Sammy had come to him last night saying that he had promised him once that if he felt that he had to run away he would tell him first. He told him that he had become very unhappy and felt that he could not stay any longer. In view of the fact that it had already been agreed that he could be released, it was arranged that he would be taken to M this afternoon.

5/5. He is reporting each week, is seemingly making very good on his job and is very enthusiastic about his home and work situation. He seems to be trying very hard to cooperate.

5/12. He reported today in a delivery uniform and gave some very elaborate excuses as to why he changed jobs. He said that he could not get along with the elevator girls at the store and held little hope for advancement there. He says that he quit that job to take a delivery job where he is making more money.

6/2. He phoned and left a message that he is selling magazines out of town and is unable to get into town in time to make his report.

6/30. We were told today that he and his sister have been living back at F's house for the past six weeks.

7/7. He reported to the office today after nearly two months. He has had several different jobs including working for a magazine sales crew and delivering for an office supply house. For the past couple of weeks, he has been helping on a delivery truck. He says that he did not stay with F long but only visited there for a few days. He is again living with his mother and stepfather. They now have three rooms, and the sister is keeping house for the family group. Sammy shares a room with his stepfather's son, who is about the same age and is employed. M and stepfather are also employed.

8/3. Visited the home today and talked with the sister. She says he received some tickets for speeding and still works on the delivery truck. This officer conferred with the traffic court and learned that he received a ticket for jaywalking and one for no driver's license and a ticket for speeding and no license.

8/4. Traffic court notified us today that Sammy had received another ticket for an illegal left turn and no driver's license. We were asked to instruct him to appear in traffic court with M. He reported to this officer later in the day and this officer told him that he positively must not drive without a license or he will be taken before the juvenile court judge on a delinquency charge.

8/11. He was supposed to report today. He telephoned stating that he is not working and had been fooling around all day but had just thought about his report. He says he quit his job because he was going to be fired and he thinks he will go to a vocational school. He was firmly instructed to report tomorrow morning.

The assistant pastor of a church near Sammy's home talked with this officer, and stated that he had been trying to work with Sammy but has been unable to get either him or his mother to attend Sunday school. He says that at first Sammy had shown some interest in cooperating with him but had not been back to see him since he had asked to be allowed to use the pastor's automobile to go to see his girl friend and had been refused.

10/2. He was placed in the detention home today upon our instructions. He is charged with habitual traffic violations. During the past three months he has received thirteen traffic tickets on eight different occasions, given by eight different police officers.

10/11. Hearing was held today. Sammy, who is now employed at a hardware store, was continued on probation with the warning that he is on the verge of being sent to the state reformatory, and with instructions from the judge that he is to report to this officer in the first week of each month; he is to avoid all habitually unemployed boys; he is to stay with the same job; he is not to drive an automobile; and is to avoid the borrowing of money. Though it was not made a requirement of his probation, the judge advised that both he and his mother should attend Sunday school each week and they said they would.

10/20. He telephoned today. He was supposed to have reported to this officer yesterday or today. He says that he forgot about it yesterday and that this morning he was shopping for a birthday present for his sister.

He was reminded of the importance of following instructions and was told to report next week without fail.

10/26. He did not report as instructed. M telephoned today, stating that her husband has been getting drunk and the situation in relation to him has become intolerable. Saturday night a week ago he came in and tried to pick a fight with Sammy and when Sammy would not quarrel with him, he hit him anyhow. He was drunk again this weekend. She says the landlady sides with her husband and she cannot understand this except that the landlady claims he is the one who pays the rent. The landlady tells her that it is because of Sammy and his sister that he has become alcoholic and the landlady has demanded that the children must leave. M says that after his drunk a week ago her husband begged her tearfully to stay with him promising that it would not happen again, but she says it did happen again this weekend. She says she intends to leave him and find a place for her and the children, but has some questions about how to make arrangements temporarily until she can find a place for them. Sammy is unwilling to live with his father during this temporary period, though the father has offered to have him there. Sammy has proposed to live at the YMCA. After this officer expressed an objection to his staying at the YMCA, M indicated that she thought she could arrange to have him stay at his uncle's.

10/28. Talked with the landlady and learned that she had an extreme feeling of dissatisfaction about him and his sister. She said that Sammy will not work and keep a job and tells that once recently he took a truck belonging to his stepfather's employer without his permission and drove it all night.

This officer also talked with the father. He stated that he was willing to take either Sammy or his sister or both to live with him if they would comply with the regulations of his home.

11/3. He did not report as required.

11/6. This officer called at M's apartment today and found Sammy asleep in bed. They have two rooms there and they say that he and the stepfather sleep together in one room while the sister and her mother sleep together in the other room. It was pointed out by this officer that this crowded situation, combined with the problem of stepfather's drinking and the landlady's attitude toward the children, make it impossible for the arrangement to continue. The mother still hopes to find a separate place for her and the children, but appeared to have cooled a great deal to the idea of leaving her husband. She said he did not get drunk this past week-

end. Sammy said he was willing to live with F. After we persistently demanded to know when he was going there, he said that he would go today. Eventually, in answer to a point-blank question, it was brought out that he no longer works at the hardware store. He quit his job early this week. He gave extensive explanations which were not satisfactory, said that he was sure he was going to be fired anyhow. He does not yet have another job, but is very positive he can get one.

11/8. Stepmother telephoned today asking officer to come by to talk with them. Went to the home and talked with F and stepmother. They say that Sammy arrived at their home, accompanied by one of the boys he was specifically instructed to stay away from. He left and did not return until the next day. He left again and did not return until 4:00 A.M. that night. Sammy tells them he is in love with a fifteen-year-old girl and wants to marry her. M has consented. He had arranged to bring the girl to meet F and stepmother.

11/9. He did not come in as agreed on this date, and we telephoned the stepmother. She said that he left to go to work and she did not know exactly where he was working. She stated that he had had to borrow money for carfare to take his girlfriend home last night, but that he had returned home after that.

11/10. Stepmother telephoned today, stating that Sammy and F wanted us to come by their home tonight to talk with them. She said that he came in at a satisfactory hour last night but still wanted to get married. She said that he had told them he is working at a furniture company but later changed that to say that he is working at a theater. We then checked both of these places and found that he was not known at either place. Later Sammy telephoned to inquire if officer was coming. When asked, he said that he is working at a theater.

11/11. Again checked at the theater and was told that he had started to work there yesterday, had worked half a day, had taken off for his rest period, but did not show up at the end of the rest period. It was our understanding that they had not seen him since then at all.

11/12. Went to F's home. Sammy was talked with in the presence of his father and stepmother, and he said that the reason he had requested us to come by was so he might ask our permission to get married. (It was later learned that this had been done because F refused to give his consent until he had obtained our consent. It was also later learned that yesterday, without consulting anybody, he had ordered a special wedding cake and

punch supplies, and had told F about it afterward, saying that he had assumed that F would pay for it.) We advised him that it would be necessary for him to take up the question of marriage directly with the judge and we went to the court house. While waiting to be seen by the judge, he said several times that he knew that the judge would not give permission.

When Sammy was interviewed by the judge, the matter of marriage was discussed and he was then told by the judge that he would not consent to his getting married under any circumstances. He was also questioned at some length by him as to how he was keeping his points of probation. When it was brought out from him that he had violated the requirements of his probation in various ways, he was asked by the judge if he could think of anything at all that he had told him to do and that he had done; he did not answer. He was asked if he remembered what he had said he could expect to happen if he did not follow his probation. He did not answer. The judge told him that he knew that he did remember that he had told him to expect to be sent to the state reformatory, and then asked him if he knew of any reason he should not be sent. To this he replied that he did not want to go. The judge then told Sammy that if this officer were to file a petition for change of custody to the state reformatory, he would be inclined to make that change of custody. At that point, we said to the judge that we did not see that there was anything else to do. Thereupon the judge instructed this officer to place him in jail and file a petition for change of custody and this was done.

When the judge ordered us to place Sammy in jail, he immediately turned to us in a manner indicating that he wanted to argue and beg. The next day he indicated that he thought he was pretty badly mixed up and stated that in his understanding of what had happened, he thought that the judge had left it up to this officer to say what was to be done. He said that he could not understand such drastic action because he was on probation only because he had gotten out of the Boys' Home. In this and also in later conversations with other people, he seems to indicate that he does not realize that even if he were to be continued on probation again at this time, he would definitely expect to go to the state reformatory if he violated his probation again.

He is an excellent actor. He is capable of assuming instantaneously whatever attitude he thinks will help his cause. We have seen him change his attitude abruptly on more than one occasion after he has won his point. This happened when he was released from jail pending his hearing. At that time his attitude changed to one of flippancy and carefreeness before he even got on the elevator to leave the jail. He seems to have a special attitude of meekness which he reserves for use only in the presence of the judge. However, since his last arrest, he has assumed an attitude

which this officer has never seen him use. Before, in such circumstances, he cried and begged (incidentally, he even cried when F objected to his marrying). Since this present arrest he has made no effort to beg. In fact, he has not indicated any particular desire even to talk with anyone.

This officer feels that in the handling of this case, he has a tiger by the tail. Regardless of what is done or if nothing is done, there will be those who will feel bitter resentment over the handling of the case. Sammy doesn't fool anybody very long, but he is able to make a tremendous first impression, and he seems to never run out of new people to "use." As this officer has stated previously, he does seem to be totally devoid of judgment; yet this officer does not feel that he has any criminal intent or criminal tendencies. This officer does strongly feel that he would be definitely harmed by placement in the state reformatory. It is believed that such a placement would develop active criminal tendencies within him. However, it is recognized that there is a limit to how long flagrant violations of probation terms can be ignored, and it appears that this limit has been reached, or nearly reached, in his case.

11/22. He was taken to the community guidance clinic today.

11/26. Hearing was held today. M stated to this officer privately that she would be "amazed if it worked out" if the judge followed this officer's implied recommendation and the advice of the guidance clinic and continued him on probation. The terms of his probation were reiterated and he was also told to report to this officer each week and was told that he must not get married. The question of whether or not he might join the service was discussed and the judge stated that he would not object to his doing so after he became seventeen if his father then wants to sign for him.

11/30. He reported today. He has been to a store to see about a job, and has been told that he can start to work in a few days. He has started to grow a mustache, and he was advised to shave it off and also to get a proper haircut before going to work there. He is inclined to want to let his hair grow long. He said F had some sort of attack the evening following his hearing. He stayed in bed two or three days and was pretty sick. The doctor told them that it was not a heart attack but he and F think that it was. Sammy seemed to be much impressed and concerned about this. He said he knew F had been having heart attacks but had never seen him under the effects of an attack before.

His recent fiancée only visited him once while he was in jail and at the last hearing the father and stepmother said that she had moved away from the home of her mother and they did not know where she was.

12/29. He reported today stating that he has been employed by an insurance company. He will start work tomorrow and will run an office machine.

1/17. The mother of a friend of Sammy's called because her son had disappeared and she thought he was with Sammy. She said he and her son had returned, however, and told that they had started out to join an armed service without the knowledge of either of their parents and had been gone overnight; however, after they got to a town fifty miles away, they decided to return.

1/18. He reported to the office today. He insisted that the facts were different from the way this officer had understood them. He said that he and the other boy were out late with their dates, after which they stayed out all night, most of the time being spent in a bar downtown, and then they went to M's home early the next morning, arriving there after she was already up. He went to sleep there without thinking to notify anyone. He insisted that he was not drunk and he says that he is still living with F. This officer told him plainly and bluntly that he was very unhappy over his conduct of the past week.

2/1. We were told by the pastor today that Sammy is married, but not to the same girl that he wanted to marry a couple of months ago.

2/2. Officer discussed this news with the judge and he said that he did not desire to take action at this time, but he did want officer to keep the case under supervision.

2/17. Though he reported each week until the time he was married, he has not been seen or heard from since. Visited the stepmother and talked with her and the sister today. She said that they ran off and married, and she and his father had seen very little of him since. We had understood that there had been a wedding shower at which his mother, father, and stepmother were present. When asked about this, the stepmother first said that she and his father had not attended the shower. She later said that they had attended but had had nothing to do with it. She later said that it was not a shower but a birthday party, and that they had given them the party in their own home. She says that he and his wife live in a trailer. He has changed jobs. He is out of work now but is starting to work next week. She does not know exactly where. Later in the day we visited and talked to the father. He does not know who signed consent for Sammy to marry and he does not know where the trailer is located. He said that he would sign a note with Sammy so that he can pay his debts within the next

two weeks. However, he does not want Sammy to realize that this is taking the responsibility off of him. He says that he is willing to help Sammy in various ways. He may put the trailer on the back of his own lot, but he doesn't want Sammy to know that he can depend on his help.

2/18. Visited Sammy's mother today. She said that she signed the consent for marriage. She claimed that she thought he was in the clear with the juvenile court after he was seventeen. She says that he thinks that if he comes to report to this officer he will be put in jail. She was told to tell him that he is still on probation. We told her and his father that this officer's attitude in regard to the marriage would be to wait and see.

3/16. Ran across Sammy on the street today. He turned and began studying a store window, apparently hoping that we would pass without noticing him. Officer did not reprimand him, but merely said in a kindly way that he had been missing him. He says that he has been working at an office building for the past two weeks, working five nights a week.

4/30. This case is now considered *closed* as further supervision does not seem to be possible.

6/22. This officer was told today that Sammy had gone to a friend's house recently with the story that he had been arrested for driving with his license suspended; that he had asked the arresting officers to take him by his home to tell his wife where he was, and that while there he had left the apartment through another door and had escaped from the officers. On the basis of this story, he had asked to stay at the friend's house for a few days and had been refused.

6/23. We inquired at the police department today regarding this story. They were unable to find any information about his being wanted.

10/18. It was learned from the Boys' Home today that an FBI agent had been to the school inquiring about Sammy and several of his associates. The inquiry had to do with two checks which had been stolen from the trailer park where he was living. They had been endorsed and it was found through checking handwriting at the Boys' Home that the endorsement was in Sammy's writing. The FBI agent says that Sammy is now living in another state with his wife's relatives.

ADULT OUTCOME

Rejected for service at age nineteen because of a criminal record. He was serving a sentence at that time for armed robbery.

Robert

REASON FOR REFERRAL

At school last year did not want to work. "Bicycle trouble" with another boy. Does not mind at home now. Teacher does not think he is dumb, but he does not follow directions or concentrate. Has always seemed surly and unfriendly.

REFERRED BY

Mother.

PERSONAL DATA

Age eleven years. Fourth grade. Mother and father in home; brother one year older, sister eight years younger. The family has been getting relief intermittently for many years. SSI: four; there has not been any specific work by agencies with this boy. IQ 93.

5/1: Social history. Father is good looking and extremely neat. He has a great deal of self-assurance but is rather shy and diffident in his manner. His work history indicates that he misappropriated money from a company for whom he worked in his early years. He had informed the company of this theft and had been sentenced to one year in the state penitentiary. After his release he came to this city where he got employment as a truck driver. After this he got a job as an office worker.

There is evidence that he drinks to some extent and the mother reports that he does drink, but that he has never come home under the influence of liquor or allowed this habit to affect her or the children. However, it takes him out of the home a great deal and changes the aspect of the home life. This cannot, however, be attributed entirely to the influence of liquor since, as M reports, he was raised so much by himself that he now withdraws to himself as a matter of habit. M accepts these things in

F completely and asks nothing further of him. She apparently never questions him as to where he has been or nags in any manner. At the present time he is not earning very much money. He was the eldest of two children and does not seem to have been as completely accepted by his mother as was his sister. He seems to command the respect of his children. He is not overly harsh with them and they do not fear him. The fact that he is out of the home a great deal naturally affects this situation. He feels that he could be more of a "pal" to his two boys, but he has never taken the trouble to do this. He is definitely interested in cooperating with the clinic study.

Mother is usually unkempt except when she makes an effort to dress up, which happens only on rare occasions. She assumes the leadership in the managing of the household, but she worries unnecessarily over minor details and is ineffective in attempts to bring about change. Usually she seems overcome by the circumstances which surround her and bewildered by the problems which she sees in Pt. She has a good education. She is extremely patient or at least shows a willingness to accept facts as they are. This has both good and bad results in the family situation. She is rather hesitant and shy and has never shown any signs of being demanding or aggressive. She thinks of herself as being a highly nervous person, but this does not seem to manifest itself.

The oldest boy is slightly more than a year older than Robert. He is considered more responsible than Pt. He takes a more active part in the family life. The boys seem to get along with each other very well and the comparison between them is never thrown up to either of them adversely.

The youngest child is more like Robert. She is rather spoiled by M, who gives in to her demands rather than spend the time and thought necessary to train her properly.

F seems to have been working steadily at the time brother was born and the family tried to purchase furniture and otherwise seem to have lived beyond their means. It was at this time that F took the money from the company for which he worked. M and two children had then come to this city and lived for a time with her parents. Up to the time of F's release from the penitentiary and obtaining work the family was cared for by relief. Since then they have lived in various rooming house districts in furnished rooms and rarely had more than two or three rooms. The boys have always slept together, usually in the kitchen of their apartment. For the last ten years the family has lived under extremely restrictive circumstances financially.

Developmental History: Everything connected with the pregnancy and birth seems to have been quite normal. Pt was weaned easily. He was reported as being a good baby. Development in dressing and bathing and otherwise doing things for themselves seems to have been rather slow for

both of the boys because of the fact that M took care of them and waited on them a great deal. She still helps them with their bath and explains that this is necessary due to the rush in the communal bathroom of the rooming house. The rather constant care had results in the fact that Pt resented the coming of the youngest child because this deprived him of the attention and interest of M. The only difficulties evident in his development seem to have been connected with nutrition as he became older. There were many foods which he would not eat at all, such as meat and most vegetables. He has to be forced to eat properly and at present must come home to his lunch because it bothers him to eat with the children at school. He claims that the way they eat sickens him. He goes to sleep easily but has nightmares and groans during sleep. Pt has never had enuresis. He seems to like to be clean personally, but usually has to be told to wash his hands and face before eating. Occasionally he will say that his hands are so dirty they sicken him.

M says with regard to his sexual information that this matter never comes up in the family and that she has tried to raise the boys without their "knowing too much." She feels she has succeeded in this with the oldest boy, but she is not sure about Pt because she feels that he seeks the companionship of older boys where he will hear "dirty stories and bad words." She feels these affect Pt more than they do the older boy. There have been no signs as yet of physical sex development.

Pt is at present in the fourth grade which he is repeating. Immediately after he started kindergarten he showed signs of the extreme nervousness before mentioned. It was hoped that school would have some effect on the condition. M was called to the school each year on the same complaint, namely, that he wouldn't apply himself and was saucy. M feels that the teachers did not have opportunity to give him the special attention which he needs. She worries about him in school because even though he has lately been doing passing work she feels that he should be doing better. She excuses him because she thinks his eyes are weak. The school has indicated that he is becoming a behavior problem and is getting poor marks even though he is repeating the grade. He doesn't care about his marks and is not stimulated by poor grades to better work as his brother is.

He does not take part in the family life in any way and would rather be out on the streets than at home playing or reading. Most of the things which he takes up, he is obliged to give up by M because he misuses the privileges of being away from home a greater part of the time. M worries about him all of the time. He does not run with gangs of children, but usually has one or two friends at a time who are older than he is. He seems easily led by older children.

Pt has an extreme fondness for the maternal grandmother, with whom he spent most of the vacations of his early childhood. M thinks that the

grandmother babies him and spoils him. When she is visiting the family, Pt, contrary to his usual desire to be out of the home, can hardly be forced to leave his grandmother's side. On one occasion, when she was visiting them, he went out for a short time and during this time he put in a fire alarm with the help of some other boys. On this occasion the parents and Pt were all at the police department and M desired the officers to "scare" Pt. Last summer he and another boy cooperated in the selling of a stolen bicycle to a woman in the neighborhood. It seemed evident, however, that Pt's part in this deal was a minor one.

5/9: *Psychological examination.* Robert is an undersized, somewhat withdrawn, shy, frightened little boy who apparently is not aggressive in any of his activities. He says that he rarely fights and there are very few boys in the neighborhood whom he can fight, but there are many who can fight him. His brother, on the other hand, is a good fighter. The conditions in the home as he described them are poor. He wishes that F had a better job so that they could have more things around the home. He told about some of the little things he has taken. He admitted the theft of the bicycle when psychiatrist referred to it. He got a spanking from F who used a belt and hit him every place except on the face. He was afraid when he went to the police station that he might be put in jail. He said without hesitation that he is all done taking things; he left the impression that he was.

He said that he scraps a good deal with his brother, but they also get along quite well at times. He is in the fourth grade at school but he should be in the sixth grade. He has failed twice and feels badly about this. His brother has never failed and he realizes the work is easier for his brother than it is for him.

In discussing some of his difficult behavior he said that sometimes he sasses M.

History suggests that F is neurotic, overly sensitive, and passive. M leaves the impression of being a neurotic, very unstable woman who is ambitious about most things that she does.

5/23. M came in for her first interview. She sat on edge of chair and seemed rather tense. When worker told her that R is an unhappy child and that we would like to know more about the home situation in an effort to help him to a better adjustment, she sat back in the chair and seemed to relax. Evidently she was quite eager to talk to someone about her problems.

M said that she had not suspected Pt to be involved in any delinquencies, although she knew that many of the boys in her neighborhood had been stealing and were known to the police. She is very easily upset. A simple

thing like going to the grocery store up the street makes her exhausted. The boys warn her to be careful and look out for cars because they know she gets flustered and confused when in the streets.

M talked a great deal about the relationship between her and her husband. She has great respect for him and he respects her too but they are not at all close. He goes out almost every evening but she never goes with him. He gives her his pay check, keeping only a couple of dollars for himself, and does not question or interfere in her management of the finances. She talked about how F always is very neat in his appearance and about his pleasing personality. F uses all his spare time from his present job to look for another job. He follows up every lead and, although he has had one disappointment after another, he does not give up. Worker asked if M feels more discouraged than F. She says she suffers from the present situation a great deal. The home is not at all the kind of home they would like and there is nothing she can do about it as long as they are so crowded. She also thinks F might take her out if he could afford to go to the kind of place she would like. She mentioned her background, being a high school graduate and having had her teacher training. This makes her feel out of place in their present neighborhood. She is friendly with the people in the house but she can never be close to anyone. Because of her lack of friends and the fact that she never gets out of the house, she is very lonely. On questioning, she said that she does not resent the fact that F goes out so much. She wants him to get diversion since the home is so unpleasant. She said he talks to her about his friends and she feels that she knows them although she has never met them. She is not so sure that they are the kind of people she would enjoy anyhow. She said she is gaining weight, which makes her uncomfortable, and her appearance has something to do with the fact that F does not take her out. Her mother and sister have noticed when visiting that F leaves her alone a great deal and have questioned her about it but she has assured them that she is perfectly happy.

M says she and F can never discuss vital issues or their fears about people and situations. In regard to sex matters, she said that they have always been rather shy. They have never undressed in front of each other and she says that in intimate things she feels toward F as she would toward any stranger. He seems fond of the children, at least the baby, but he is not at all close to them. They like him and respect him but don't show any warm feelings toward him. M thinks that is because F never had a normal home life when he grew up. He is not able to have close family ties. She said she is quite sure he is not carrying on with other women. M is afraid, however, that she and F will grow more and more apart if they go on this way for too long a time. The only solution that she sees is that they get better home conditions so that he can enjoy being with her at

home and she can feel more relaxed and under less strain in regard to the boys and finances.

M said that after her father's death her mother showed a strong attachment toward her. M was already out of the home getting her teacher training, but she described how her mother always wanted to make decisions for her. For instance, when M was looking for a job, her mother insisted on going with her to look into them. She made M's sister break her engagement and now overprotects her and babies her to the extent of making a cripple out of her.

Some years ago Robert used to spend his summers with maternal grandmother and aunt. They spoiled him thoroughly and he has always wanted to go back to them. M knows that Robert always feels she nags him, although she herself feels he is getting as much, if not more, attention than the other two children. When she was pregnant with the baby, she told the boys about it coming and Robert seemed happy and showed great interest in her at first. Now he is very resentful and often says the baby upsets the house. Once when M bathed baby he asked if she used to bathe him that way too, and when she said she did, he wished she would do it again. M mentioned she puts baby out in back yard to play and tells the boys to watch her. She has told the boys not to go out into the street because the baby might be run over. The older boy remembers this but Pt always forgets.

5/24. W talked to principal of school, who thought that tutoring would be good for Pt in helping to establish better work habits. She explained that he was not retained in this grade since he is already repeating. She wondered if he should not also be sent to summer school.

Principal seemed to feel that the main problem in this case is a lack of discipline in the home. When he has stayed out of school they have never received a word of excuse from M or the boy.

6/6. M came in for another appointment. She told about her difficulties in getting Pt to attend school. M understands that he is unhappy in the school because he is scolded all the time. They scold her also when she goes down to talk to them. She had been told to come in one morning and she could not make it because she was washing. Besides it was a very hot day, and M is bothered terribly by hot weather. She went down to school later but they were very angry with her. She feels that the teacher is more understanding than the principal. The teacher told M that Robert has the ability to do the work. She worries over him all the time and F says he also worries over him.

M believes that both her boys are dissatisfied because F is out of the home so much. He often tells them he will be home at a certain time and

then he doesn't show up. The older boy once made the remark that other children's parents go out together and he has offered to look after the baby so that M could go out with F. He never suggested taking her out and she doesn't want to ask him. She thinks F still feels that he is a young man and that he does not like being tied down by a family. She immediately added that she does not want to criticize him because he never criticizes her. She does suffer, however, because they cannot talk things over together. She is afraid that the strain she is under is too much for her and that she may have a nervous collapse.

6/20. About F's relationship to his own family, M feels that F had no emotional satisfaction from his family, but that they brought him up in a way that made him used to a great deal of material satisfaction. This is why their present limitations are so hard on him. She said that F seems greatly upset every spring and fall if he cannot get any new clothes.

6/26: *Psychiatric interview.* The interview with Pt today was not at all revealing. He does not care much about coming to the clinic and would prefer to play. He said spontaneously, however, that he wanted to be able to pass, and he knows this is helping him. Psychiatrist would like to see Robert from time to time.

6/26. M again talked about Pt's being so unhappy at home and wanting a great deal of attention from her. M said that F does not like M's sister and mother. Her sister came to take care of the house while M was away for a few days. Sister felt that F was too friendly with a neighbor woman and accused him of being unfaithful. She made a great scene in the house about it and then told M. M described her sister as a very nervous, unstable person who is easily excited and makes trouble by going into situations she knows nothing about. M insisted that she knew F hadn't done anything wrong and said that she herself calmed the sister down. Her sister then got mad at M and the whole thing was very unpleasant. F once made the statement that the only difficulties the parents have had between them have been because of M's sister.

10/10. Agency worker called and asked if we have had word from the family yet this fall. Agency worker thought that M would have called clinic since she is terribly upset. She has found out that F is living with another woman "right under her nose." F is now working and the income is better. When the agency worker talked to M, she said that she worried very much about the boys. They seem to have known about F's woman friend before M did. They are hard for her to manage.

10/15. M said that both Pt and his brother have been in some trouble, but she did not go into this before she plunged into her own problems which she feels are responsible for the boys' poor behavior also. She pointed out how she had talked to W about her fears that she and F would "grow away from each other" since he spends so much time outside the home, but that she had been absolutely confident that he was not interested in other women. She said that F started to drive a car this summer, saying that it belonged to a man who was working with him. She was very glad for his sake and once he took the whole family for a ride, which they all enjoyed very much. One day he left early in the morning. Two hours later M went down to the store and saw the car parked outside a house a block away. While she was watching, F came out of the house with a young woman. M was stunned, but when they got into the car she called F's name. He rushed out of the car and asked what was the matter with her, saying that he was taking the car owner's sister downtown. M didn't say anything and they drove away.

When she had brought home her groceries she went to the house and asked the caretaker if anybody by the name the husband had given her was living there. Since this was not the case, she told the caretaker why she was asking and found out that this girl has lived in the house several months and she has had frequent visits from a boyfriend whose description fitted F exactly. She was told that the people in the house have teased the girl about the amount of cooking she has been doing for this boyfriend. M said that she has worried over F's appetite for years since he has eaten very little at home. M was very incoherent telling her story and in referring back to puzzling incidents in the past often lost her trend of thought. Now F's behavior for the past two years is understandable to her and many things that she could not understand are now perfectly clear to her. She therefore believes that F has had this woman friend for a long time. She said that she was sincere in not suspecting anything of this kind because she had reason to believe that F was not interested in sex and added that she has admired him for his attitude toward sex since the time they started to go together. After some hesitation, M told worker that she and F have not had sexual intercourse since the time the baby was born.

She feels that her last pregnancy was not welcome to F although he never expressed any feelings one way or another. She said that F had always kissed her goodbye every time he left the home but that he did not do it any more after she found out about his girlfriend.

M said that when F came home the day she had seen him in the street, nothing was said until he again asked her what was the matter with her. She told him she had found out all about the girl and he then asked her what she was going to do. He told her not to blame the girl and said that he would move if he had the money for a room. M pointed out to worker

that F has never spent any money on this girl since he has always given M everything he earns. She loves him and admires him, and although she has had very little satisfaction from him she has always been very proud of the good impression he always makes. M said that she was sorry because she has not been able to keep up her appearance. M asked for advice about what she ought to do. She was aware that they can't go on the way they are now, and while she would not urge F to stay with her, it would be unbearable for her to see him go. She said that the children also would hate to lose F. They are all very fond of him in spite of the fact that he spends so little time at home with them. In this connection, M told worker that R knew about F's girlfriend before she did. He has seen F around town with this girl but he did not want to tell M about it. Her neighbors also knew about it, which evidently hurts M as much as the fact itself.

R has again stayed out of school a couple of days. M has been so wrapped up in her own unhappiness that she has been unable to do anything about it. Both he and his brother have been in some minor delinquency in the neighborhood.

11/3. When W visited home M said that F has this morning off but that he left early anyhow. F has continually refused to talk things over with M, saying that she should let bygones be bygones. She is hurt because he acts as if nothing had happened. Although she does prefer to have F stay at home, she does not like to see him act as if the whole thing could be overlooked and forgotten. She thinks F himself wants to stay with them since he has not looked for a room.

Since it is impossible for M to find out from F what he actually thinks about the present situation and what he wants to do, W suggested that an interview be arranged with F. M would like to have somebody talk with F or with them both but she added that she does not know if she can make him come to the clinic.

11/17. W has made two more visits to the home. M called one day being terribly upset and asked W to come as soon as possible. It turned out that F is still visiting his girlfriend, while she thought he had stopped going there. It seems to her that F plans to continue living in the home and still keep up his contact with the other woman. W's second visit was planned for a time when F would be home. M told him that W knew about the situation and that W wanted to talk with him. He made no comments but he got out of the house just before W arrived. M stated that once when she asked F whether he was going to stay in the home or not, he answered that the boys wanted him to stay. She knows that they are fond of F, but they make many critical remarks about him to her, and she feels

that it would be better for them if the parents would separate rather than go on living together under these conditions.

11/24. In a telephone interview principal told W that Pt was out a whole week at one time and that he has stayed out four days in succession this week. He often sends messages with another boy that he has trouble with his foot. They have not heard from M at all for a long time but she came in the other day and told principal all about the family situation. Nothing definite was said about Pt's work since most of the conversation centered around the parents.

12/1: *Review of case.* Psychiatrist pointed out that M seems somewhat stronger now and that by long time work with her she may gain sufficient support to be able to leave F. W should attempt to have M take care of herself, to pay attention to her looks, and to get out. She should make the effort of coming down to the clinic for the interview as one step toward doing things on her own.

It seems that R lacks identification. His behavior is symptomatic of a narcissistic personality and F probably has the same type of personality. F is now applying the ostrich method of hiding himself and not facing the issue.

12/5. M was unable to bring Pt herself. She told him to go alone and he said he would because he wanted to show his report card, being very proud of an "A" he had received. She did not know that he had not come in. She pointed out that she can never trust him any more, that he is completely out of her hands. M feels now that it would be so much better if F left the home than for them to go on this way. W agreed, and since it is evident that F cannot make up his mind or make any move, M will have to take it upon herself to straighten out the situation. M is increasingly worried over the boys. They keep bad company, use bad language, and are more and more obstinate at home. F will not face the fact that his attitude has anything to do with the boys' behavior.

12/6. R and his brother came in today although almost an hour late. W talked to brother for a while. He said that Pt wouldn't even tell him where the clinic was, that he had to find out by himself, and that this was the reason they were so late. He seemed rather worried over Pt. In response to question the brother said that he certainly would prefer to have F stay in the home and added that he didn't want F to go to this other woman.

The brother said that M had told him to tell W that he is in trouble. He said that some boys in his crowd have been stealing cigarettes from

the drug store. He has been with them when they did it although he has never taken any. Yesterday the other boys were caught, and they told the man that he had done the stealing although he had not even been there yesterday. The boys have told him that the man gave his name to the police and he is now expecting to be arrested. The brother has never been to the police before and doesn't want to get in trouble. W told him that we would be glad to do what we could to help him if something should come up.

12/6: Psychiatric interview. R continues to leave the impression of being a very unhappy child, at least unhappy in regard to coming to the clinic. He was told that psychiatrist wanted to help him, but he couldn't do anything for him as long as he felt that way. There seemed to be little to be gained from talking to him about the home conditions, because he obviously was very defensive. Psychiatrist therefore did not discuss this subject with him and took him to the psychologist's office to show him his report card. There is nothing to be gained from having Pt come in again at this time.

12/9. The case was reviewed. Pt was not willing to talk with psychiatrist and it is evident that nothing can be achieved through working directly with him. M's problem has to be cleared up, but at the same time he cannot be allowed to get too far behind in school. It might be necessary to remove him from the home since he is gravely affected by the situation.

12/10. R was at home and M immediately told him to tell W what the trouble was. He has been selling Christmas seals received in school. He was supposed to give the money to the teacher yesterday and it turned out that he had spent it all—a little more than five dollars. He insisted that M give the money to him but she didn't have a dime. He then refused to go to school but she sent him anyhow with a note to the teacher that he had spent the money and that she didn't have any to give him. He came back immediately saying that the teacher would not receive the note until he had the money. W doubted that the teacher had sent him home again from school and pointed out to him that he was making things worse by staying out of school and that we could not do anything to help him if he did not go to school regularly. He insisted that the teacher had sent him away. He said that she had told the whole class about his not having the money. He was determined not to go back to school until he had earned the money. He did the same last year and then M helped him out.

12/12. M feels that R is getting worse. He does not mind any more, and nothing seems to make an impression on him. M told F yesterday that she

believed R would be sent away if he continued staying out of school. F said R would stay right at home, but later on he scolded him, telling him that he would end up in the reformatory and he would be sorry then. Pt cried a great deal and afterwards went to the brother for consolation.

F is at home these days but he hardly talks to M. He eats and goes to bed. He seems to think that M should be satisfied this way and she said that she cannot understand him.

12/18: Treatment conference. One worker gave a report on her contacts with M and F. F said that he has no feelings for M any more. He does not care for her, but there is no antagonism between them either. He definitely plans on a separation although he does not want a divorce. He seemed to have planned this carefully. In regard to Pt, both parents are willing to have him placed voluntarily to avoid court action. F would leave M after he has been placed. It seemed evident that M is a sick woman who is very fond of F in spite of what he had done and who will protect him as much as she can. It is hard to determine the relationship between R's delinquency and the family situation. It is evident, however, that he does not belong in this home and should be removed as soon as possible. The clinic believes that he will not respond to foster home placement and the County Boys' Home therefore seems to be the best place for him.

The brother has not presented any problems so far. There have never been any complaints from the school about him and he is evidently a great help to M. It should be a relief to him when R is placed since he worries a great deal about Pt.

12/23. Psychiatrist was telephoned and told Pt has been ordered to appear in court with a number of other boys on a charge of larceny, for involvement in a series of thefts in apartments, restaurants, and department stores.

12/26. Today another patient was in for an interview and told of knowing R. He was talking about various friends with whom he got into difficulty and mentioned R as one of the worst ones. He is never punished by either his mother or father, and so he can get away with anything he wants.

W has spoken to M and says things have quieted down a little bit during this Christmas period, and she thinks that the family would be unhappy if Pt were removed from the home at this time. Furthermore, he has been badly frightened by his contact with the police, and his behavior has changed. Psychiatrist agreed that it would be just as well to do nothing about this matter for the time being, and if his behavior continues to be favorable, to wait until the court hearing.

4/24. F went with M when she moved to another apartment but was gone most of the time. He denied living with the other woman but would not let M know where he lived. She allowed him to visit the children whenever he wanted and was always there when he came. M has improved somewhat and is able to keep up her appearance better. However, the neighbors have commented that she seemed to be almost on the verge of a breakdown. At times she hesitates and stumbles when talking, but she is not as emotional in her statements as previously. She still cannot decide on a divorce.

Robert seems to be getting along well at the Boys' Home and M is happy to have him there.

7/17. M suffers greatly from the separation and from the fact that F seems to get along so well without her. He keeps coming to visit whenever he pleases. F makes continual promises to the children which he never carries out. F's girlfriend has moved from the neighborhood, which is a relief to M.

Pt is getting along fairly well at the Boys' Home but is not yet stabilized. His school work is satisfactory, he has not run away although tempted, and he has returned promptly from his visits at home. He seems to enjoy the Boys' Home.

11/13. Agency worker called to give clinic a report on this case. She has not had any contact with M since October. She doesn't feel that she has gotten very far in her work with M. About that time F returned home. There is no change in the relationship between the parents, and M does not believe he has actually broken off with his woman friend, although she doesn't know whether he sees her or not. However, the boys are very pleased to have F back, and M is happy for their sake and probably also for what it does for her ego. When agency worker last visited in October, M said that she would rather not have her come any more because evidently F did not like her visits.

Agency worker felt that it would be just as well to leave the family to themselves for the time being. It may be that they have worked out as good a solution as is possible.

R was returned from Boys' Home this fall and is not on probation. As far as agency worker knows, he is getting along all right.

ADULT OUTCOME

Entered service at age nineteen. Five months later was referred for psychiatric evaluation. The following report was made:

Pt was referred because he appeared unusually disturbed emotionally.

Later contact with his company revealed that he has been irresponsible and unreliable in his performance of duty.

Pt complains of tremor of his hands, irritability, and inability to concentrate, which keeps him from following orders efficiently. He dislikes the other men in his unit and is unusually seclusive. His past history is that of a seclusive, emotionally dependent, moderately inadequate individual whose adjustment to both military and civilian life has been poor.

The emotional and personality difficulties of this man are of sufficient severity to render him inadaptably to military service. He shows a fixed pattern of immature behavior expressed by passive measures, such as inefficiency, stubbornness, and unwillingness to accept hardships or frustration in the interest of his social group.

Diagnosis: Emotional immaturity, passive-aggressive reaction, manifested by stubbornness, inefficiency, irresponsibility.

Given a discharge for inaptness, on psychiatric recommendation.

Three years after discharge he was convicted of auto theft.

John

REASON FOR REFERRAL

Inattention, overdependence, poor school work, reading disability, sensitivity, lacks responsibility.

REFERRED BY

Mother, at suggestion of teacher.

PERSONAL DATA

Age twelve years, five months. Sixth grade. Living with mother and father. Older stepbrother in college, two younger brothers at home. Average economic circumstances. SSI: none. IQ 107.

7/31 (*Social worker*). M is a young, rather forthright person who is considerably troubled about Johnny but does not want to be so troubled and wishes that someone would tell her not to be. She was quite critical of herself, saying that she had been too good to the children, had never expected quite enough of them, so that the children were not developing as much responsibility as she thought they should. This is particularly true of Johnny. She told me at once that she was not quite sure that she had a problem. She thought she had but she wanted to talk about it.

Johnny has never done very well at school. He has had special reading work. He was always smaller than the rest of his grade and when he lost a year, he seemed to fit better into the group and has shown a little more ambition in school work since he has been with this class. Nevertheless, from M's description I would say that it takes her effort for Johnny to continue to take responsibility for doing his lessons. He is very sensitive about his shortcomings.

She spoke of her relations with the boy. M told me that they are a very emotional, quick family, and she thinks this complicates the problem. The

older boy had serious small problems as he grew up but managed quite well for himself. When Johnny came along, she thinks she left him too much to his own devices.

The clinic was described and arrangements were made for another appointment.

9/25 (*Social worker*). M began by projecting the blame for Pt's trouble with reading on the school. I thought it was pretty hard for her to get started. She saw herself wanting some kind of help that included J, feeling that he was the one who needed it.

10/5. The following are excerpts of teachers' comments from Johnny's school records:

First grade: Fair work until he was sick in the winter. After that he did nothing, seemed tired all the time. Did not know what he wanted to do. Very quiet, small for age. Liked by everyone, never had much to say but was a good sport.

Conference with mother: M not well, upset over her own physical condition, new baby, hard to find time to give Johnny attention.

Second grade: At the beginning of school term conduct far too perfect. Later full of pep, mischievous. After missing two months of school because of illness, Johnny was very quiet. Does not exert himself to complete a job, plays or watches clock to see if it is time to go home. Does not contribute to class activities, passive attitude, immature, seldom asks for help if he doesn't understand what he is to do. Lack of self assurance, poor posture, puts hands across mouth in an embarrassed way. He had help from remedial teacher all year. There seems to be a definite reading disability.

Conference with mother: M feels she unconsciously neglected Johnny because she is so busy with two younger boys. She understands clearly that he is below grade in all work. She thinks Johnny would feel hurt if he were to repeat as suggested. She is quite upset about the idea.

Third grade: At beginning of school year Johnny was very quiet, slow in reactions but obeyed promptly. Later teacher remarked that he was restless and fidgety. Does not take responsibility, immature, few interests, wastes time, dreams, poor initiative, has to be told what to do, but gets along well with children.

Fourth grade: Does not go on with work when left on his own, tends to remove himself from the group. Is willing to do things and share things when asked but does not think of it himself. Shows little intellectual curiosity, makes few contributions. Johnny is small, thin, has many colds, immature physically and mentally. Under strain most of the time.

Fourth grade (repeated): Johnny usually works along very quietly and

accomplishes a fair piece of work. He can be depended on to work well with or without supervision. At the beginning of the year he seemed a little shy about asking for help but this has disappeared and Johnny seems much more free with teacher and the group. He is a good helper, on request. A slow pupil on the whole, he has nevertheless developed good habits of responsibility. M has helped much at home.

Fifth grade: Good coordination in games. Finds it hard to concentrate, tries but soon slips off into a dream world. Johnny is not satisfied with his work now. Makes excuses but less often. Frequently confused, afraid of failure, cannot be depended on to work without supervision. Entertains others or shows off. He says he is less bashful, more at ease with grown-ups. Beginning to like girls, is liked by them. His intellectual development is still much below average, has not worked out satisfactory study techniques.

Conference with mother: M notices evidences of maturity but thinks Johnny is overpowered by active younger children. M suggested taking Johnny to a psychiatrist to see if there might be some emotional block.

10/13 (Social worker). M began by saying how hard it had been for her to talk with Pt. It had been hard to get down to something that was meaningful. She began by saying that she had something to talk over with him about their coming down here and that she thought they ought to think about this together. She said the reason she had come here was that he and she really needed to get a better understanding of each other. Pt uttered an expression of surprise, had no idea that she felt there was a problem between them. She had been awake almost all night, worrying about it, trying to get settled in her own mind how she was going to present this again to him. She was able to do it, however, and let him know that she had some feeling about his lack of responsibility in some things. She felt she was partly to blame. What she really wants for Pt is every opportunity that she can give him. She wants him to grow up to be a well-adjusted person who is able to use all the potentialities he has. Then she told him that she knows that at various times in people's lives there are spots when we have questions about ourselves and need some help to talk about these. This is particularly true when a child is growing up. She told J that there were many times in her own life that she wished she could have talked with somebody because if she had she believes she could have made more of her life. She told me that she had felt that just their discussion about this had done something for them and that he was taking more interest in doing his homework and seemed to be getting along a little better with his brother. She had even wondered if she was making something big out of a small problem.

10/13 (*Psychiatrist*). Pt seemed a little small for his age, thin and pale. Although he extended his hand when M introduced me, he was obviously shy and his handclasp was weak and hurried. There was no outward protest at leaving his mother.

Pt sat down by my desk as soon as he entered the room. He said nothing and I asked him in a friendly way how he felt. He said "pretty good." I smiled and suggested that he looked a little scared. He smiled, fidgeted, and said "Oh—not exactly scared." "Well," I said, "suppose we talk a little bit about why you're here. I think your mother has discussed this with you but why do you think you're coming here?" Pt stumbled over his words slightly. "Yeah, some trouble reading in school . . . Mother says I need to concentrate more . . . I dunno." I told him that I would like to have him talk about himself but that he didn't have to do it all at once.

I said, "I guess you didn't really want to come here today did you?" "No—well—oh I have to miss football practice—but that isn't very important!" Practice was probably very important to him and I could understand how he hated to miss it.

10/25 (*Social worker*). M said that she knew J would let her do everything for him if she would and she thought she was to blame for doing as much as she has in the past. However, she let me know that the thing she's really afraid of is that Pt might not succeed and that he really isn't able to measure up. She then said that part of this, which she wanted me to know was confidential, was that she thought Pt is a good deal like his father, who doesn't seem sure of himself, is always afraid of being insecure in his old age, afraid of not earning enough money in spite of the fact that he makes a good living. She doesn't want Pt to feel that kind of insecurity so she keeps at him to try to hold a good standard. Then she said that she was so afraid now that he was so engrossed in football, that he might decide he wanted to be a football coach when he grew up and she just hoped he'd be able to do something better than that. Some of the tension and apprehension seemed to lessen as she talked about it. She finally laughed a little and said, "Of course, I wouldn't pick his profession for him, he'll have to do what he wants to do and I guess that's the thing in which he'd really be successful."

10/25 (*Psychiatrist*). "Well Johnny, you're all smiles today—feel better than last time?" "Yes, I guess so," he said grinning. He sat down and his manner showed he was getting somewhat tense and uneasy. In a friendly tone, I reminded him that last time he had given his reading difficulty as his reason for coming here, but at the end of the hour he had looked at a magazine and said he could read anything he was interested in. "How

come? Does that mean you don't like school work?" "Well, I think it's 'cause I hate to start anything that looks hard. Once I get into it I do all right." I thought this significant and said "Perhaps your real problem, Johnny, is in starting new things—maybe you lack confidence in beginning something new, like coming here, like homework, like learning a new game?" Pt smiled, looked at me, and seemed suddenly to realize that this was one of his problems. "Yes, I guess that's just it."

I asked him if he could think of any other problems he was coming here about and he couldn't. I told him that I thought we had both learned today that one of his problems is in starting new things and that we would be working toward helping him with this.

I had suggested that he keep track of the time and plan to use the rest of this period as he saw fit. With more interest than last time he chose clay and sat down at the table. For fully five minutes he just stared at the clay, molding it into a big ball but repeatedly saying that he didn't know what to make. Once he remarked "I wish I could make something really good." My comment was "It sounds as if you're afraid to start something new, Johnny, as if you wanted me to suggest something, but I won't because I'm sure you can reach a decision and make something all by yourself." Finally he had made a crude but recognizable milk bottle. I said "You've made a model of a milk bottle. It was your idea, your work and you finished it successfully. I think it's good." Pt checked the time, found ten minutes left. He said, "Can I draw?" and without hesitation drew the milk bottle. When finished he turned the paper over. I asked if he would show me the picture and he did so hesitantly. I told him it was a very good drawing.

Then there came a change in his manner. I asked him if he preferred John or Johnny and he very enthusiastically said "John." "Why?" I asked. "It sounds more grown up!" he ventured, almost shyly. "Why that's fine! I'm glad to learn that you wish to grow up!" John began suddenly to tell me about his big brother. "I wish I were grown up already. Wish I could get my driver's license." "I think it's fine you want to grow up, John. That means you'll have to begin new things and have the courage to go through with them. It's like learning to be a good fullback in football. You have to be unafraid to carry that football." "Yes, I know, that's the only thing. Just when I start running with it I get a little afraid." "Do you know what it is you're afraid of, John? It usually helps to know." "Well, I guess I'm afraid of getting hurt, that's it. But gosh, I'm going to be real good out there tomorrow, I want to make first team. Gee whiz, I wish I could just plow right through that line, fight my way through, that's the way to do it!"

As he was talking about football this way, he was an eager, enthusiastic lad who was letting me know, I think, how great his wish is to be strong but how afraid he is to express aggression in any way, normal or otherwise.

11/3 (*Social worker*). M said that she and J had talked some more about why he was coming in. They had gotten together on this because Pt had again suggested that he was a little confused about it. She said it was hard for her to go over this again. She was a little angry with him because he hadn't paid any attention to her the first time when she had really put so much into it. I said that I wondered if she didn't have something to talk about with J now, such as their purpose for coming in, that was something very real, that was in the present. She could share with him the fact that she was talking with me about her problem in helping John to grow up.

11/3 (*Psychiatrist*). It was apparent that Pt was about as uneasy as on his first visit and I mentioned this to him. He admitted that he felt a little strange. It was obvious to me that he anticipated my next question, namely, whether he had talked things over with his mother again. He replied, "Yes. She thinks that I get scared if I start to recite a lesson, scared that other kids would do better so I get to thinking about something else and then I don't do well. She's right!"

His paintings were of interest. It was apparent that he was a neat, careful worker and it was quite hard for him to decide when he was satisfied with his production.

As we left the room I commented that he seemed to be more at ease. He agreed.

11/10 (*Social worker*). M said that she had talked with J again about her feelings about coming in here and that she guessed she had really lost sight of the fact that he was growing up. She asked him if she was keeping him from doing some of the things that other boys his age did. She said he had listened to her but hadn't been able to admit that it was a problem to him. Then she said that Pt had been doing his homework without any kind of prompting from her and that he had worked on it so diligently this last week that she'd been a little concerned. She wondered now if he were taking it too seriously.

She said she believed she was so busy and so absorbed with the children that her husband was feeling a little left out and in some ways he seemed almost like another child. She decided they ought to talk over what they were doing together and arranged a time when the children wouldn't be around. She told him it just seemed to her that sometimes she got along better with the children when he wasn't around and didn't quite understand why this was. She guessed that she had just taken over so much for her children that he hadn't found his place as a father with them and maybe he needed to take on a little more responsibility. She needed him, she wanted him, and so did the children. She was always happy when his

work permitted him to be home so she wanted them to be able to make out better when he is home. Apparently he was able to do a good deal with this and she said things had been quite different since then.

In closing she said that she was beginning to feel a little better. She has realized this was a long hard job but she wasn't going home with headaches and was less nervous than she used to be.

11/10 (Psychiatrist). I pointed out to Pt that he really was coming here because his mother asked him to, not because he wanted to. I said I could understand that football was more fun for him but let him know that this was not a place for all play and no work. "What to do about it?" I asked. He was by this time uneasy and squirming in his chair. I let him squirm a few minutes but this brought nothing verbally from him.

I said that the one thing he had told me about his possible need to come for help was his fear of reciting and beginning something new. I asked for examples and he gave some after struggling with his thoughts.

11/17 (Social worker). M really put herself into this hour, as she always does. By the time the hour was over I was beginning to have some concern about how this mother is almost driving herself into treatment, getting a great deal from it but also a kind of stimulation that almost defeats its purpose. We talked a little about how things are at home and they seemed to be moving along a little better. J is continuing to take an interest in his work at school as well as in other things. It seems that there's getting to be some separation from the younger children, with Pt hating to go to bed when they do and wanting to do a few things on his own time.

M feels that J is a little more grown-up. We talked of some of the problems there are for her and for him in having some of these more grown-up feelings. Right at the moment it feels so good to her that she doesn't see any pitfalls except in helping to guide and direct this properly.

11/17 (Psychiatrist). The conversation turned to football again, as Pt thought of the important events of the week. He chatted about the latest game, which went contrary to expectations, then summed it all up with, "You just can't tell about football games. You can't tell how they'll come out!" "No," I replied, "and you can't tell what will happen here from one week to the next. You just don't see how anything can happen here, do you, John?" He laughed and agreed, saying that he didn't see how it could help. I pointed out the joint effort being made toward solution of problems he and M brought and agreed that he probably was still confused and puzzled about coming but would later on be able to feel it had been worth his effort.

As Pt was looking around the room, I told him of the time left and

wondered how he wanted to spend it. He chose to fingerpaint and got all the materials ready himself. He made preliminary designs in blue, then outlined a plane rather well, adding clouds, red gunfire, and red marks on the plane, and finally outlined everything in black. It was a daring picture for John. Early in the painting he suddenly burst out with "I almost got lost with mother downtown the other day!" I was interested and the story gradually emerged. He had gone up a different stairway and lost sight of her for quite a while. He insisted he wasn't very worried at the time because he knew how to go home but he told me he thought M was somewhat upset. I asked if she often worried about him. He was very emphatic in saying, "Yes, I'm *positive* she worries about me a lot!" In reply to my question of why he thought she worries, Pt stated with slight disgust "Oh, I guess she thinks I'm not old enough to know what to do!" "Do you think that, John?" "No." "Then perhaps you sort of resent her worrying so much . . . ?" "Well—I don't know—maybe," he replied, obviously afraid to admit resentment. At this point I suggested to him that this might be one problem M was trying to work on here, for herself, and that his part in it might be to learn more about his own growing-up problems.

11/24 (*Social worker*). M was a little troubled today. She has a problem on her hands now that she really hadn't anticipated. It's girl trouble. The other day she heard J talking over the telephone and while she tried very hard not to listen she confided that she did listen a little bit and that he was talking with a girl and then later called a boy about the conversation. It seems that this is a quite sophisticated young girl of his age who comes from a great deal of wealth and prestige. Pt is quite interested in her. M was upset because she didn't know what kind of a girl she was. M just didn't know what happened when the youngsters all flocked over to her house without any adult supervision to speak of. She wanted J to have some normal outlets and friends among boys and girls but still felt that she wanted to keep her finger in the situation. He hadn't confided in her about his interest in this girl and she wondered how she could get to know her better.

It seemed to me that she was trying to think of all the answers here and then was going to go right out and try to go to work on them. I said, "You know things have been happening kind of fast at your place, you and John have worked harder on this perhaps than you realize. Let things go along a little bit and see how you and John get along without having to plunge into things so hard." She said she guessed that's the way she always did things.

11/24 (*Psychiatrist*). Pt seemed cheerful. Today's time was spent in relatively easy conversation, at his choosing, for he found nothing else to

interest him. Pt told me with some surprise that since they'd been coming here, M had been letting him stay up later and plan his own study time. Even F treated him differently. He didn't know if it had to do with coming here or not. I suggested that he might feel his parents treated him now as more grown up and he agreed. I brought in his role in all this—that perhaps he had to show them he was growing up and able to take more responsibility for himself.

12/1 (Social worker). M began by saying that she didn't really have much to report this week. She seemed a little lost about what to say and then said one problem seemed to be that J leaves home after meals and stays out and plays practically all day long. I wondered if this were something new in Pt and she said no, he'd always been that way. She wondered if there was something she ought to do to try to keep him at home a little more.

There was some discussion too of how F is beginning to take over a good deal more at home and she could let it be that way. She was much more relaxed, not that she was asking him to cooperate as she had earlier but that he was really part of things. She found that she was not shouting at the children and not losing her temper as much.

12/1 (Psychiatrist). Pt sat down and smiled happily. He said he felt good, had had lots of sleep. Then he told me how his school's football team has had an unbroken winning record this year. I could see how eagerly he looked forward to playing on the varsity some day.

The fingerpainting didn't please Pt today. I suggested that today he wasn't easily satisfied.

12/8 (Social worker). Today M was feeling very keenly the pressure in herself and Pt for a different relationship with each other. She's really coming to grips in a different way with his development and what it does mean to her. I think she did a good deal of careful thinking about where she is now with John but I think it's going to be a difficult time for her as she begins to come to grips with this recognition in her everyday living with the boy.

12/8 (Psychiatrist). Pt told me he had made the basketball team. But with difficulty he informed me it was the third team, not the first. He denied feeling bad about this but later was able to admit disappointment. He talked about his liking to stand up in front of people and talk much more than a few months ago. He feels a difference in many things now.

Toward the end, he was wishing so to be a "big, tall guy" that he was earnestly telling himself he'd just eat himself into being tall! I laughed

with him, shared again his yearning to be big and strong and make first team, but suggested to him that he might have to be satisfied with less. It was important for him to learn how strong he could be but that each person had certain limitations and had to try to live with them.

12/15 (*Social worker*). M said things were going along better this past week and as she talked today she had a new kind of confidence of handling things as they come up with J, as well as a confidence in his being more direct with her. She finally told me that she and Pt had had a little talk after our hour last week. She told him that she was concerned about some of their discussions because it seemed to her that he just accepted everything superficially but what he was doing showed that he really didn't like some of the things that he had agreed to do. That was what bothered her. Then she said she knew that she had to ask him to do things occasionally that he didn't like and that was always true in life, that we had to accept certain things in spite of the way we felt about it. She just wanted him to know that she knew he didn't like it and they just had to make the most of it. Since then it seemed to her that J really had a different attitude and has been so much more cooperative.

12/15 (*Psychiatrist*). Today was another active hour for Pt, active verbally, that is. Much of the talk was about sports at first. Two astounding realizations seemed to come to him as he spoke. First, in telling me how he thinks he could and should do better in basketball, he suddenly burst out with "Gee, I want to be perfect! Yeah, that's it, I just thought of it that way!" I said that I understood how strong a feeling this could be and how it could keep him in a lather to be better than anyone else. He thought this over a little and murmured, "Yeah, that's it" several times.

The second significant realization occurred as he was trying to explain some complicated electrical switch connections for his trains. Then he wondered if he'd need his big brother's help, but promptly declared "No, I'll try to figure that out myself." I remarked "John, you really *would* like to do that all by yourself, wouldn't you?" He stopped and thought, then a big grin spread over his face as he exclaimed, "Yeah! Gee, I think that's right! I *do* want to do it myself—very much!"

12/22 (*Social worker*). M said that F had asked how much longer they were going to come here and I said I thought that was something we ought to be talking about. I realized that in the beginning every week was an awfully important week in terms of the changes that she and J were experiencing in their relationship. The last couple of weeks things have been going along at a fairly even keel. It seemed to me that she was feeling pretty sure of herself now and handling things as they came up. She said

she was and she thought things were a great deal better all through the family, so I said that I thought it might be a good idea to talk about how we work out plans for ending.

12/22 (Psychiatrist). Pt seemed to have little to talk about. I suggested that he might talk with M this week about their need to come here and see if there are any problems they feel they'd like to work on further. I feel that they may be nearly ready to end but I didn't put it that plainly to him.

1/5 (Social worker). M told me a good deal about some of the changes between her and her husband and how much more he is putting into the home situation. She said that it had had more effect than she ever believed it could. Then she told me a little about the problem she had felt with her husband's drinking, not that he drinks excessively but that he can't stop with one drink and sometimes on weekends drinks a great deal. However, he has told her he was going to stop. In fact, they went through the holidays to some parties and he didn't even take one drink. He has been taking more interest around the home, doing things to fix it up, considering some of the things she wants and the children need. She said that she has found that she can really let him do this.

1/5 (Psychiatrist). This interview was largely Pt's opportunity to shine, as he demonstrated several card tricks that he had learned with his magician's set. He really was pleased with himself, even though he got stuck on some of the tricks. There was initial hesitation and shyness and he asked me if I liked magician's tricks. No sooner had I said I did enjoy them than he whipped out his pack of cards. Several times he declared, "Gee, I don't know why, but I sure like to do these things." I suggested he liked to feel he had the upper hand, that he had all the answers and could keep the other fellows guessing. This applied to the present situation too, I remarked. Pt didn't reply directly to this, seemed to be caught up in his own exhilarated feelings.

1/12 (Social worker). During this hour M let me know that she and J had talked about how things seemed to be between them. Both of them had agreed that they were getting along lots better now so they began to talk about the number of times before ending. She let J have full participation in this. They both agreed that they wouldn't want to end immediately but had set the possibility of three or four times, leaving it open for the four of us to talk today and perhaps come to some decision around the date. She said that John had kept saying that he'd really been feeling much more confident, seemed to be able to participate more in school and actually felt more grown up but the thing he couldn't figure out was how

this clinic had helped. He and M really hadn't tried to pin it down specifically in terms of what had happened here. They did acknowledge together that they felt different about the way things are. They had come here to get some help and knew that they had arrived at something that seemed pretty sound to them.

Then M brought out a slip of paper on which she had written down a number of comments that she had gotten at school. All the teachers indicated that Pt seemed to be doing fair work. There were no particular complaints about his work habits now, his attitude seemed good at school and one of the teachers described him as being "a very sweet boy." The teachers raised the fact that he is not quite as intelligent as most of the boys that are in his class. In fact, many of the kids have IQ's up into the very superior level and his IQ is 107. He really works pretty hard to compete with this intelligent group of youngsters. We talked in terms of what M and F expect of J in the way of academic achievement, as well as what he expects himself. She could see that if they could just accept his doing the best he could without their being discouraged or putting too much pressure on him to get better marks, and if John himself could compete comfortably enough on that basis, that was something they might be able to work out with the school. On the other hand, if he felt discouraged and was not able to participate and enter into things with the group and felt different on that score, that would be another thing to work out.

1/12 (*Psychiatrist*). I offered a leading remark about a chat with his mother this week. Pt took it up and tried to tell me about it. After struggling through some confusion over what M said, how she felt about needing more help here, how he felt about it, we got to these points. Pt feels different: "sort of free now, can do more things." He doesn't know if or how coming here could have anything to do with this change, yet. He isn't quite sure he wants to quit coming. He likes to come now, remembers that he didn't and can't recall when or why the change in feeling took place. I remarked that perhaps it occurred when he felt bold enough to tell me he didn't really want to paint and that the room was too hot and so forth. Pt laughed and guessed that might have been so. We spoke of the number of times more and he thought maybe three.

1/19 (*Social worker*). This hour had all the earmarks of ending, with M letting me know again how much she has gained from this experience. Although she feels that J and she have a great deal more confidence in themselves and in each other, she thinks she's going to miss coming in here.

As she presents a picture of this whole family, it appears different to her and she can recognize just what's begun to happen.

1/19 (*Psychiatrist*). Actually Pt hadn't much to say, yet he showed no sign of anxiety. In fact, he was as much at ease as I've ever seen him. I wondered if he had any misgivings about leaving. He did show a little nervousness then and admitted that he felt a little funny about it but couldn't explain, yet in many ways he would be glad to stop coming. He will be glad to have the time for other activities. I made some general comment about there being two feelings in this ending here, some scariness, perhaps, but at the same time a looking forward to new things.

1/26 (*Social worker*). This was clearly a next to an ending hour, with M bringing out just one more thing that she had questions about. Of all of the thinking she's done this week she felt that she was pretty clear on most things but did wonder about the fact that J had never shown any particular sex curiosity and had never talked with her about sex at all. She said that she had been waiting for a long time to say something to Pt if he ever showed any interest in it but didn't know whether she should broach the subject or just wait and see if he came to her. She doesn't want him to get information from other places because it might not be correct. She thought it would be hard for her husband to talk with J on the subject because he had come from a family that didn't believe in talking about such things, so she thought it would be her responsibility and seemed to be perfectly free about it.

1/26 (*Psychiatrist*). Interestingly, although we got into no discussion of Pt's feeling about ending, he was so talkative today that words sort of tumbled out pell-mell and occasionally he was very nearly stuttering. It is quite possible this indicates some anxiety. Pt seemed to express his feeling about age and showed an understanding of growth and development. He could look back and feel superior to his younger brother, look ahead and feel he has a lot to learn as he grows older. There was an acceptance of himself at the age he is now. In this rather undramatic, subtle way, Pt moves toward the next and last meeting here.

2/2 (*Social worker*). M said, "You know, John isn't the only one who has grown. I've grown a great deal too, maybe I've grown more than he." All of this was said in a very thoughtful, spontaneous way, with real sincerity. It seemed to me that in all this discussion she had a real respect for his ability, no longer holding on to the side of him that couldn't do things or that didn't seem to measure up to what she thought he should. She had a very free, easy kind of belief in what he can do and a satisfaction with this, as well. She sees that this represented a change in her too. She sees what he can do, lets him do it and trusts him.

2/2 (*Psychiatrist*). This was our final meeting today, as planned. The first thing Pt did was to present me with "a little something." He did so with just a little embarrassment but was, on the whole, quite poised and comfortable. Pt was finished here, although he admitted he had "mixed feelings" about its being our last visit. He had little to say, agreed that it was sort of a funny hour, with not much to say for either of us.

Closing summary. Pt seemed to make good use of therapy here although he would be the last person to admit that it helped him. In the beginning he was shy and sensitive and made very little move to assert himself. As time went on, however, he became much more free to speak up and express dislikes here in the clinic, as well as at home. He became more talkative and began to boast a good deal about his athletic prowess and his hopes for the future. Pt certainly could not have made the changes that he did if his mother had not changed greatly in her handling of everyone in the family, including herself. There seemed to be a very nice balance of change here with both M and boy moving along at a good pace. Pt had experienced a new sense of power in himself and this feeling was certainly supported by M.

The prognosis for this boy seems favorable, mainly because he is supported by the definitely good changes in M. There has been a lot of shifting in the whole family pattern so that the parents are sharing parental responsibility much more than they were.

Seven years later the clinic received a request for information which included the following paragraph:

John now appears to be a chronic, mild schizophrenic, obsessed with a food fad which includes ten-day fasts and purports to wash away the poisons from his system and solve all interpersonal problems. He feels that he could play pro golf, and this is his ambition, but he has no realistic basis for the idea. He lives at home, spends much time at the movies, and is emotionally quite isolated.

ADULT OUTCOME

Entered service at age twenty-three. At the time of entrance he complained that he had frequent severe headaches. Six months later he began reporting on sick call regularly, complaining of weakness. He was hospitalized for evaluation.

He says his problem is to find out whether the food he is eating is benefiting his body. About one month ago he started losing energy. Shortly after enlistment and since his arrival here he has been unable to

realize the benefit of his food, for at about ten o'clock he seems to feel "all washed out." He says that he was very strong before entering the service.

He graduated from high school and attended college but flunked out. He then went to another state for a year where he worked at a health center through the winter in an "important job," sweeping the walks and emptying the garbage. He says that while there he became very interested in natural hygiene and learned all about food. He said that very important people and their families went to this health resort. The children ate nothing but fruit and vegetables and they were the strongest children that he ever saw. He says that he went on a thirty-two day fast when he was there, eating no foods, and he felt wonderful. On the twenty-ninth day he suddenly realized that he never felt so strong; he felt like he could move a mountain. Toward the end of this fast he became rather elated and almost grandiose. He feels that the best diet is fruit, vegetables, and nuts. He says that he has been letting himself go for the last few months, and permitting "impurities" to enter his body. The doctors have been giving him tests but they have been unable to find out what his trouble is.

His mother disapproved heartily of his natural hygiene interest and wanted him to stop talking about it as it would upset him. His parents were very disappointed that he made such a cult of food and fasting. No great feeling was noted for family members. He is single and has never been married.

He continued to complain of weakness and three months later was hospitalized again for psychiatric evaluation. At that time the following report was made:

This is a healthy-looking young man who has, however, a rather wan attitude. Affect is sometimes inappropriate in that he smiles rather naively when discussing his very uncomfortable feelings. He maintains a somewhat whiny attitude and talks circumstantially and at great length concerning food and his body functions. Intelligence is average. Psychological testing revealed an extremely anxious and insecure man who is so obsessed with irrelevant things that he is unable to solve any important problem in a dependable fashion. He is beginning to show even poorer realization of the relative importance of things, with tendencies toward depression and confused thinking. There is no evidence of any organic impairment.

He has been on sick call about twenty-four times in the past three months, but has shown no response to any treatment, including a four-day period of hospitalization. In general his complaints are that he lacks energy and feels weak, although he never really has any pain nor feels sick. The men in his group frequently encourage him to go out with them but he avoids this and tends to be seclusive. He is obsessed with the idea that he is deteriorating because of poor eating habits which he is unable

to correct in the service. Behavior remains rather unpredictable and irresponsible.

Diagnosis: Schizoid personality, chronic, severe, manifested by bizarre feelings, seclusive tendencies, unpredictable behavior which is of lifelong duration but is getting progressively worse. He is also restless, preoccupied with food faddism and bodily functions.

It was recommended that he be separated from the service and a month later he was discharged. At the time of discharge he continued to complain of dizziness, fainting spells, and weakness.

Gary

REASON FOR REFERRAL

Patient had disrobed completely at home one evening, then walked halfway around block several times: admitted having done same thing on previous occasions.

REFERRED BY

Police, who took custody of patient on night described above.

PERSONAL DATA

Age twelve years. Sixth grade. Living with parents in comfortable circumstances. Sister four years younger. SSI: none. IQ high.

10/5. Gary was taken into custody by police who made the following complaint: "On Saturday, October fifth, at 9:30 P.M., Gary, age twelve, disrobed himself completely in the bedroom of his home, then walked out of his house and to the alley, through the alley to his home again. He did this twice that same night. He also advises that he has done this act on five other occasions."

Police interview with parents reveals that Gary has never presented himself as a behavior problem in the home and parents cannot advance any reason why he should behave as he does. He has no boy companions and spends most of his time after school in the home. As a hobby he indulges a great deal in electricity, radio, and reading. He is very studious at school and his marks are above the average. His conduct has always been marked excellent. He does not indulge in sports although he has been encouraged to do so.

10/10: *Social history.* Mother, a nicely groomed, pleasant, and fairly intelligent-appearing woman, was interviewed in the clinic.

M said Gary is an excellent student although it is doubtful that she recognizes how very bright he is. He never got into any previous trouble, stayed in nights, and apparently was not a serious problem in the home. Parents cannot understand just why he should have done what he did, and the boy himself indicated he did not know why he walked in the nude around the neighborhood. Not so long ago parents were out one evening and upon coming home saw Pt walking around the house in the nude. By the time they got into the house he was putting on pajamas. They cautioned him to be more careful on account of his little sister.

Pt has asked no questions with regard to sex and has been given no sex instruction of any kind. Although he began to develop a year ago and he is now tall and apparently physically mature, he shows no interest in girls—at least outwardly.

Within the past few years it has seemed to M that Pt's personality has changed. He has become more "grumpy" and particularly unpleasant towards his sister, whom he resents—so much that he won't bother to answer her civilly or even to argue with her. It was apparent from what she said that there has been some comparison of the two children, with the sister being favored.

Pregnancy and birth were normal. Pt was breast-fed about nine months. There was no nutritional difficulty of any kind and he was a good baby. He talked before he was a year old and he walked at fourteen months.

M says Pt must be very restless in his sleep, for his bed clothes are usually very much tangled. Pt is "choosey" about his food. He will still not try to eat eggs and some other foods. At the present time he doesn't seem to take much pride in his appearance. He has to be reminded to comb his hair and just doesn't take responsibility for himself. M goes shopping with him because he "loses his tongue" and can't say what he wants.

Pt started kindergarten when five years old, where he seemed to have some trouble in playing. The family moved some months later and transferred to another school kindergarten. He was a very good student all along. In fifth grade the teacher wanted to put him ahead, but at the time the parents couldn't see the necessity of it.

Gary reads a great deal of good literature. He is also very much interested in electricity and has real aptitude for fixing machinery of various kinds. He plays the accordion and enjoys both classical and popular music.

M thought that he was an average boy several years ago but now feels he is "just not like other boys." He is self-conscious in a group and seems shy even with his parents. He just can't talk out personal things with his parents. However, he relaxes if talking about technical things. Matter-of-fact things bore him. Generally speaking he is quiet and living within a shell, sometimes almost to the point of ignoring his parents and sister. He

seems serious and grumpy around home, though his music teacher told M that he has a sense of humor. M says he shows no emotion over anything.

When he belonged to the Cub Scouts, Pt was so bored that he never had any desire to become a Boy Scout. He is not athletically inclined. He is awkward; he doesn't know how to bat a ball or to wrestle. One summer the parents sent him to swimming lessons. He seemed to like that.

Father lost his mother when he was just a few weeks old. His father remarried and his stepmother was for some years a difficult person to live with and later was hospitalized in a hospital for mental diseases. F has always been well and there was no history of nervous disorders or any other serious illnesses in his family. He graduated from high school. For some ten years F was employed by the city. He got along satisfactorily and because of his pleasant personality was well liked. Within the past year or more he has had charge of an office. M says this job is "getting under his skin."

Mother attended business college. She worked in an office for over ten years. Family history was negative for nervous disorders. Her health has been good. She described her mother as a pleasant, outgoing, likeable woman but described her father as extremely reserved. She says that she was more inclined to be like her father, that she found it difficult to meet people and new situations.

The sister is a very active, friendly, and talkative child. When she is out playing and Pt isn't, parents say "Why don't you go out like your sister does?"

10/13: Psychiatric interview. Gary is a rather tall boy who looks several years older than he actually is. He was quiet and self-contained but at the same time cooperative and willing to talk when the psychiatrist initiated conversation. He showed resistance only in talking about his difficulty.

Pt is interested in technical things. He spoke about an interest in radio and said that he had worked at this about long enough. Now he is becoming interested in photography. He has just bought a cheap camera. He showed a great deal of interest in discussing the possibilities of developing and printing his own pictures. There was some feeling of futility because of the smallness of the house and the lack of a decent place to do his work. He reads a good deal, mostly scientific books. There is absolutely no interest in athletics.

Pt's reaction to school was rather a neutral one. School is all right. He had no objections to it but he showed no enthusiasm for it. It soon became clear that his work in school does not in any way stimulate him. He finds it rather easy and he evidently spends a good deal of time day-dreaming about the things that he is going to do outside of school.

Pt is not particularly ambitious for the future. He would like to go into

some type of electrical work. He plans to complete high school. There was little enthusiasm shown about college. It seemed as though the possibility of going to college was something to which he had given very little consideration.

Relationship to members of the family likewise seemed to be good. He gets along well enough with his younger sister and he did not talk about any difficulties between them. He also gets along well enough with his parents.

Pt has been hearing about sex from other boys for several years. His father gave him some information when they were visiting on an uncle's farm. He described his recent offense quite readily and said he had simply had an impulse to go on the street nude. This was not the first time. This happened several times but he was never caught. He usually goes out quite late at night. Masturbation has been going on for nearly a year. Pt has now ceased this habit. He would not admit, however, that he had any feelings of guilt about it, but he was unable to give any other good reason why he might have broken the habit. He was so inarticulate at this point that it was not possible to determine whether or not he received any sexual satisfaction from his episodes of exhibitionism. He rather tended to deny this. It finally became evident that his knowledge of sex was distinctly incomplete. Further instruction was given to him. He showed a great deal of interest in this but did not ask any questions spontaneously. There was obviously embarrassment in talking about sex.

10/13. M was seen briefly to give her some explanation of our findings. She is a woman of normal intelligence but clearly lacking in the extreme brilliance of Pt. She recognizes the fact that her son is a bright boy and is in need of special help because of it. She had less realization of the fact that school is not challenging. She was willing to have us write to the school and suggest some changes in his curriculum.

M also recognizes the fact that Pt keeps very much to himself. She has attempted in the past to interest him in the Boy Scouts but he only attended a few times and soon lost interest. We discussed in some detail the fact that he would have to be approached at the YMCA in a special way so that he would not be thrown into gym or some other activity that would not interest him. It was agreed that we should have the YMCA make contact with him. M recognizes that he may not attend very long.

10/13: *Staff notes.* This is about the brightest boy that has been seen in the clinic. His interests are in technical, scientific things and he has not been interested in social situations. While he recognizes that school is easy for him, he has no idea of going to college and no ideal from the

standpoint of academic achievement. Certainly, this boy has not been stimulated in school.

What this boy's disrobing meant to him we do not know. Undoubtedly there was some adolescent experimentation in the things he has done. He has found that society won't stand for what he did. The clinic gave some sex instruction.

This boy needs social contacts such as might be offered by the YMCA. He should not be introduced to the gym, at least for the time being. The approach should be through camera and radio clubs.

10/23. After several attempts to reach M by telephone, worker succeeded in getting her. She doubts if Pt has any friends who might be interested in going to the Y but she will find out. Otherwise she believes that clinic's suggestion about having the Y write Pt a letter would work. While Pt has considerable interest in radio and electricity, his greatest interest at this time is in photography; he is busy collecting bottles and chemicals.

ADULT OUTCOME

Entered service after graduating from college and was admitted to this hospital after finishing basic training with a diagnosis of "schizophrenic reaction." Pt had been extremely grandiose in his unit and had been antagonistic to his commanding officers. He used alcohol excessively.

An adequate history has been obtained from his parents who have been in communication with this hospital. They state that no abnormalities were noted in his birth or early development. They describe their home as "one in which no conflicts exist and in which they are above average in intelligence and financial position." They say that their son seemed "more often depressed than happy." He was rather peeved at society in general. He liked to be with people he cared for, but usually did not care for the average person and preferred to be alone. He dislikes social organizations. He did not get angry easily, was usually of a cool temperament. He became irked easily at little things, such as standing in line. He was a great reader. He had a lot of friends who thought a lot of him, but he was still an introvert. Pt graduated from college and was interested in music and languages. During his college years he worked evenings with bands and traveled about the country playing with orchestras. Pt states that about three years ago while playing in a night club he was introduced to heroin. He was off and on it for some time. He stopped completely for two years and apparently started again but did not use it steadily. "We believe he was using it regularly but quit cold upon entering service." It was also noted that he had used alcohol excessively.

Present Illness: Pt, prior to induction into service, had been treated for withdrawal symptoms from narcotics and for "nervousness." He was first seen in the hospital in a confused, disoriented state. He had ideas of grandeur and complained of visual and aural hallucinations. He was out of contact with reality and was unable to explain how he came to be in the hospital or where he had been. After two weeks it was felt that he should be referred to a psychiatric hospital for further treatment, and he was sent here.

Mental Status Examination: Mental status examination on admission to this hospital revealed an individual disoriented to time, place, and person. Affect was inappropriate. He appeared bewildered and confused, unable to give a logical account of himself. There was evidence of confused ideas of reference and he described visual and aural hallucinations. There was much blocking in his speech. Psychomotor activity was retarded. Pt showed poor judgment and no insight.

Course in Hospital: Pt was followed daily for a period of two weeks and showed no improvement although he became more cooperative on the ward. There was a great deal of blocking and an inability to release any type of emotion. Pt was started on therapy. He was greatly antagonistic to treatments. He had many complaints referable to all of his organic systems.

He has been transferred from the closed ward to the open ward, where he has been able to perform his assigned jobs successfully. Pt began to think of the future and developed social contacts with the other patients. It was felt that his symptoms were now in remission and that his mental status was much better than at the time of his induction. He felt that he could abstain further from drinking and the use of narcotics, and planned to go into business with his father upon release from the service.

Diagnosis: Schizophrenic reaction, paranoid type, chronic, severe, in complete remission, manifested by visual and aural hallucinations, inappropriate affect and loss of contact with reality. Medical discharge.

David

REASON FOR REFERRAL

Maladjustment at home and at school. David is an "exhibitionist." His attitude in school is one of non-cooperation.

REFERRED BY

Assistant principal.

PERSONAL DATA

Twelve years, four months. Sixth grade. Living at home with parents. One brother, four years younger. Above average economic situation. SSI: none. IQ 96.

1/20. David was previously referred at age eight because of defiance at school. At that time the mother decided to take him to a private psychiatrist and he was not seen at the clinic.

Worker at school. The principal discussed David, who has been returned to this school. M had him in a military school last year. He is small for his age and slow in his work, and he feels greatly humiliated. He complained to the principal that the teacher humiliates him in front of the class. Principal has known the boy for some time, previously referred him to the clinic, but he was not studied. She believes that M is the cause of boy's difficulties, but doubted if she would be interested in a study at this time. Pt might not remain in their school next term, but if he does principal would like our help with him. It was agreed that the case would be discussed more fully later.

2/23. At school. Pt is in sixth grade. Talked with the teacher. Although Pt has always had difficulty, he is doing nicely in his grade, which he is repeating. He is trying hard, and was told that if he did well, he might

be put ahead. Although he is older than the other children, he is small so that the difference in chronological age is not noticeable.

He really did very poorly last term. His mark was "C" in conduct and "D" in work. He has had to repeat other grades. As the teacher is having no trouble with him now, she did not think our service was essential. However, the principal at this time urged us to have complete study of David, whom she thinks they should have studied a few years ago.

She thinks the mother is well meaning, but dull intellectually and selfish. She is apt to be inconsistent with the child, at times overindulging him and then depriving him.

4/1. M is a petite, well-groomed, but tense woman who thinks her difficulty with Pt began when his brother was born. In speaking of the brother, she said, "He is a sweet little one, and I cannot say the same of David." She added, of course, that she is fond of Pt, but felt like choking him. When asked, it was learned that she had called at a medical center to get the name of a psychologist and was told of one to whom she took Pt for three months, but did not see that he made much progress.

M sent Pt to a military school for one and one half years. He got along fairly well, but says he never wants to go back. When she visited him "there was hell on earth." He was very disobedient and nasty to her. He still is and uses insulting words. She thinks if you are nice to him, you get nowhere and has beaten him very hard, in fact, until his nose bled. She is not particular where she hits him. It only depends where the buckle of the strap happens to strike. For the past few years she has stopped using the strap, but he is still insulting and has no respect for anyone. The principal says he has a lot of good in him, but when M follows her advice and takes away things he likes for punishment, it does not work. She admitted that when Pt pesters her long for anything, she gives in in order to get rid of him. She cannot buy the younger boy anything without Pt making trouble. He is always complaining that M loves the brother more and that she hates him. He also tells her that she put him in the military school because she did not love him and wanted to get rid of him.

As for his school work, Pt is one and one half years behind and they are having a tutor help him with his work. However, M thinks he is doing beautifully this term and is happy that he has a young teacher. He does not like elderly people and will not kiss his maternal grandmother who is wrinkled. M has to change her dress frequently in order to please him and she always asks for his opinion, and can rely on it, because he has such good taste.

He has an idea that he might become an actor. He also likes music. M is not giving him dramatic lessons but says if he does better in school work, she will. He does not call her "mother," but calls her "doll."

M really cannot stand the way he talks to her and he has frequently said, "You are too busy with yourself, buying your own hats, etc., and looking out for yourself." At home they are very careful that the children do not hear arguments between the parents and stay out in the car for their quarrels. At times Pt has said to M, "I hate you!" He really makes both her and her husband very nervous, and they would prefer not to be with him and like to give him money for the movies so that he will stay away from them. He bothers her, as he pleads for her to do so many things for him, such as to give him a bath, and will comment to her, "Gee, doll, that makes me feel comfortable." Worker inquired about her bathing him, and she thought he liked it because she was still bathing his brother at nine years of age. The brother eats at the dinner table but Pt does not. They really could not have him there because of his behavior.

When M said she was so hurt by Pt's comments to her, W inquired if she realized that she had undoubtedly hurt his feelings, to which she quickly responded that no mother wanted to hurt her own child. M ended the interview by saying that there was nothing right about Pt.

4/30. Discussed situation with principal at school. She agreed with W's impression that M had little to give this boy. Principal is very fond of Pt and would like to make plans for his adjustment in the next school.

Later, talked with Pt's teacher. She understood that last term he suffered from nightmares and was out three weeks because of nervous strain. When he first came to her class, he did fairly well. Now he seems lazy and tries only occasionally. He is not attentive, and his mind does not seem to be on his work.

5/28. M brought Pt to the office. As usual, she was modishly groomed. The brother had an accident two weeks ago, and consequently he has been getting a great deal of attention. Pt is very jealous of him. He has really been very nasty, not only to his brother, but to everyone in the family. He and the father clash terribly, and M thinks both parents are too nervous to manage Pt. Every night he refuses to go to bed, and F holds out his allowance, but this does not seem to help. Both parents have temper tantrums and yell.

M commented that Pt loved the maternal grandmother and is always kissing her. W mentioned this was a contradiction to what the mother had brought out in the previous interview about Pt's disliking elderly, wrinkled people. This led to discussion of mother's own feeling regarding age. She is now thirty-nine, and feels as though she were sixty, because she had such a hard life. She was very pleased at worker's comment regarding her youthful appearance, and said she would love to get away from it all. She could never do the housework herself, and dreads being

left in this position. She works all the time, cleaning, ordering the cooking, etc., but could not take the entire responsibility.

F is very strict and she thinks if she followed his advice, she would not have so much trouble with Pt. F is continually criticizing the boy because his hands are dirty, his pants are rolled up, etc. W mentioned when parents keep after a child continually, it is apt to make their life miserable.

To this M responded with great emotion, "That's it. We have a miserable life with that one child. I could just scream, and at times I could choke myself." Then she said he did have some good characteristics and did not steal, but reported his friends who are always stealing. M is planning to send both boys away to camp for two months, and then get away herself and never go to see them. W asked if she was going to get away from her husband too, and she replied "Everyone." She continued saying that she had been working hard for fifteen years. Her marriage has been too great a mental strain for her. It was very difficult from the beginning of their marriage, when she started trying to force her husband to eat. He would want to leave without breakfast, and she would lock the dining room door and insist that he eat his cereal before she let him out. Previous to Pt's birth, she had two miscarriages, and one premature baby girl who died after a few days. M always wanted to have a daughter. Five years ago they considered having another child, but now she thinks she is too old to have one. F loved children, and wanted to have them right away, but now he would not care to have any more. Pt had to be handled carefully from the beginning because he suffered from colic. Both the parents were afraid to give him an enema, and they used to call the doctor for this.

At first M said her only fights with her husband were regarding to children. He really is a good man, is always at home, but "the children take too much out of us." However, when he is out in company he praises the children continually. At this point, M exclaimed with feeling, "Gosh! what is it? What is our trouble?" W inquired what she had done before her marriage and what type of life she had. Her face lighted up, and she said she had never worked at all, and had had a wonderful life. She had many dates, slept until two in the afternoon, and went shopping. No one can understand her now that she has become domestic. Her own mother told her that she did not think she would care for her own children, but would bring them home to her. The grandmother tries to tell her not to be so serious, but she cannot help it. She thinks one of her troubles is that "I am a bug on cleanliness. I have to be cleaning and working all the time." When she returns home, she will not take off her hat or coat, but will start cleaning immediately, and when she has finished, she will then put on her houseworking clothes. She does not allow herself any moments of comfort and cannot relax.

M has found that her married life was very disappointing, as it was

not the ideal life she had pictured. She was her own father's pet and ideal, and was worshipped by him. She has not enjoyed the same admiration from her husband. Her husband is a handsome man, who went to work when he was a very young boy and is self-made and very successful in his business. He had several sisters and lived with his mother before his marriage. He was the type of man who "kept" beautiful show girls, and had no intentions of getting married. M told him she could not go with him unless he would marry her, as that was what her family expected. He finally asked her to marry him. None of his old friends can understand him now that he is just a good husband, and never goes out with anyone else. M has had little to do with him for years, and finds many excuses to avoid his company. She cannot bear the thought of marital relations any more, and does not even go out socially with him.

It is surprising to her how afraid of her he seems to be. When she cries out that she cannot stand it, that she must go away, he tells her to go. However, she cannot do so, and this makes her lose respect for herself. She used to have more confidence and could carry out plans she made. Her whole marriage and family life is a painful experience, because she falls so far short of the perfectionistic standards she has always had. Everyone expected her to do everything perfectly, and she is a failure. She knows she has not handled David right, because she has been too critical and has always given in. She told of going on a cruise several years ago with her husband, and although it was a wonderful trip she was so depressed she cried most of the time. She did not have depressions before her marriage. She sometimes wonders what they would all do if she were to go away, and she realized her mother could come and care for the children. She feels exhausted all the time. Again she said she wished that she had never married. She would have been much happier, and it isn't as though she were a beauty, but she was attractive, and she should have kept up her appearance. At this point she remarked, "I just feel helpless." She has tried to put the children before her husband, and he has objected to this. Now she feels she is too far apart from her husband. They have nothing in common.

W asked if she would want Pt to go away to a private school. She replied, "I hate to spare him. I love him like a mother would or should, but I will do it for his good." She then started to cry and had great difficulty in controlling herself. She realizes that she is very nervous.

5/29: Psychiatric examination. This boy is rather small, quite good looking, and rather nicely dressed. The initial impression he makes is in strong contrast to the oral bitterness and hostility which he embarked upon at once. He was under considerable verbal pressure, showed expanded body movements and attitudes, and was openly hostile, particu-

larly to schools and teacher, and, to a lesser degree, to the people around him at the office. It was difficult to speak with him because of his verbal pressure; he was constantly interrupting. It was necessary to permit him to vent his spleen against the teachers before discussing the purpose of this office and the confidential nature of our discussions.

He was asked if there were any teachers that he did like and he remarked, "I always have the luck of getting the rotten ones." (Asked about last year's school.) "Yeah, military school. I don't like it *now* but I'd like to go back when I am sixteen. The older fellows can stay up later and go horseback riding. It is a nice school but they babied me too much." (Difficulties at home?) "Oh, nothing." He then went ahead, "My father always picks on me. He don't pick on my brother so much. If my brother does something he yells at me."

With regard to M he said, "There's only one thing, when she gets mad she drops something and then she blames it on me. I don't like to be talked into things. They took me to the school to look at it and then talked me into staying. I'm a little smarter than people think. They think I'm nuts. That's why I can't think in school. They pick on me and I'm always worried." (Do you ever get angry at your mother?) "Oh no."

David feels that M prefers either brother or himself. He was uncertain as to where F stood. He was certain that F preferred the brother. After that he thought the father preferred "his wife" and then himself, adding, with bravado, "If he wants to like me last, I don't care. It's not worrying me."

He explained that sometimes he vomits when he cries "when my father starts up with me. If he starts picking on me he does it all night. He always finds something wrong with me. There's never a peaceful moment when he doesn't fight with me." Tears again appeared in his eyes. "Sometimes I have my pants rolled up to ride the bicycle and when I come in he says, 'Are you still riding the bicycle?' and I say 'No.' I forget it. Then when I don't eat he just yells. He keeps me up in the house *all* of the time. That's punishment for putting up my cuffs. He's always picking on little things out of his head. He doesn't do them to my brother. He thinks I'm missing something if I'm not down playing but I don't care." (What do you think when you get angry at your father?) "I think that I'll just get even." Denied that he elaborated on this thought further. "I just feel like not speaking to him." Explained that F did not worry him much any more although F occasionally loses his temper and slaps him. He then added, "Sometimes he uses a strap." He was asked how he would like to change the situation at home and replied, "That they are not always yelling at me. My mother doesn't yell as often as my father. He picks on me all night."

When asked about dreams he remarked, "Some overhauling you're giving me. I dream about crazy things; murders, all different stuff. I forget.

Once I saw a picture, I dreamt about a whole bunch of gangs. This guy was getting pushed off a station in front of a train. I'm always the hero and rescue somebody or capture the crooks. I never get murdered myself. It's always people I don't know." These dreams are not accompanied by conscious fear. He bragged, "I'm not afraid of nothing, I beat up kids much taller than me." All fears were denied both for himself and others.

When asked about what his three wishes were, he said, "I wish the teachers I don't like would move out of the schools." He then explained that when he was in military school he had no conduct difficulty at all. His marks were good and "they were nice to me." Denied any second or third wish.

Impression: Psychopathic personality; querulous misanthrope. Emotional instability based upon marked maternal rejection and punitive handling by both parents, particularly the father. There is some repression of hostile feelings about the parents which is projected onto the schools and teachers. Sibling rivalry. Mild neurotic coloration with occasional vomiting and constipation. This boy is highly egocentric and sensitive to any imputation of failure.

5/29: Psychological examination. David is a handsome boy, with brown eyes, long lashes, and curly black hair. He is undersized for his age, looks more like a ten-year-old. Before taking him for test the examiner observed him for a few minutes in the classroom. The group was doing shop work, most of them making airplane models. David had not progressed as far as had most of the boys in the room and seemed less engrossed in what he was doing. As soon as he reached the testing room he complained that the shop teacher does not like him and went on to say that many of the teachers have disliked him. He started enumerating but did not include his present teacher, who, he feels, likes him fairly well. He volunteered the information that his mother fought with a previous teacher before removing him to military school.

On the test, the boy was fully cooperative. It was very hard for him to take any failure. When the material became difficult for him he adopted a defensive attitude and required an excessive amount of reassurance. He worked very hard on the material within his grasp; it seemed important for him to get things right. His score on the IQ examination is 96, placing him in the middle average group. The quality of his work does not suggest that he is potentially much higher.

The achievement tests were given on the next day. His attitude, particularly in the presence of his mother, was much more negative than it had been in school, and it seemed impossible to break down his resistance completely, although he agreed to complete the test. Achievement scores represent, in relation to mental age, a retardation of approximately three

terms. He complains that he always gets scared on tests in school and flunks them.

David is a boy of average intelligence, who shows an extreme degree of defensiveness and negativism in relation to adults.

6/4. M was seen at office by appointment. Said she was very anxious to hear our findings. Wants to know what is wrong with the boy, what can be done for him, and wishes she could see inside of him. She sometimes thinks that he is abnormal. She was told that he is of average intelligence but seemed to have a personality problem, was hyperactive, sensitive, and reacting to the high standards and criticism in the home. M comprehended this and agreed that F was critical of him all the time and did not praise her, either. Tears came into her eyes at this time, and she said she needed praise and would appreciate it, too. This past week has been terrible. David has been most unruly. He has told her to "shut up," swore at her, etc. She does not know whether he is on a hunger strike, or not, but all he has eaten for the past few days is a cup of soup. M has made up her mind that she will not care, as people have told her she had put too much emphasis on his physical care. She told him it was immaterial whether he ate or not, and that she really does not care. She repeated to worker, "I really do not care." However, she took him to the doctor this week, and he weighs sixty-four pounds, which is less than he weighed last year. Again tears came to the mother's eyes, and she said she just could not stand it. Worker emphasized the importance of showing less concern over his meals and absenting herself during mealtimes, but at the same time told her it was very important that David feel that what he does matters to her. It would be wise if she told him she was very fond of him and would like to have him grow stronger. When it was brought out that the boy thinks she hates him, she said she tries to tell him otherwise, but it does no good. In the past week he has been saying that he is going to kill himself, and that he will get rid of himself. It is so upsetting as after all, she is his mother. There was a boy on the block who was sent to a military academy, and whose parents were divorced. When he returned home, he flung himself out of the window, killing himself. The mother cannot forget this.

Worker said she would like an interview with F, and M will try to arrange this. Worker stressed the fact that handling the problem in the home would not seem to help at this point, and placement away in school was indicated, preferably one where there is psychiatric treatment. M looked tense, haggard, and was very much distraught.

6/9. At school gave principal a résumé of our findings. She was touched that David had some feeling and respect for her, as she is really very fond

of the boy, and she tried very hard to help him. She will talk with him about going away to school and present it in a way that will be acceptable.

6/10. F was seen at the office. He is an aggressive, assertive-appearing man, who speaks with emphasis and decision. He had very definite ideas which happen to be in accord with our findings. He realizes that David thinks the younger son is preferred, but that is not the case, and they continually reassure him, and give him things, but it is of no avail. David is out of hand, and will not do anything the parents want him to do. He tells F that he hates him; F in telling this laughed, and emphasized all the things he does for him. Worker brought out that punishment and continual criticism make a child feel he is unloved, and he does not have the mature judgment to appreciate support and other things that the father is doing for him. Worker also stressed the point that an adult seems overpowering to a child and anyone as assertive as the father might create fear and resistance. F admitted that he was aggressive.

He realizes that David is making a nervous wreck of his wife, and that it would be advisable to have him placed outside the home. He will consider a private school, but doubted if David would consent to go. He approved of the plan to have the principal present it to David. The family will not present the matter now as David is leaving for camp soon, but will take it up in the fall.

6/19. M was seen at the office looking very tired and worn. She began the interview by saying that David was acting terribly. She cannot get him to eat, and when he will finally take one spoonful of anything, he will complain of cramps in his stomach and open up his pants exposing himself. He has been doing this for three years, when he eats. The other day she took him to the doctor who said the boy was twisted, balled up, and also advised placement in a school away from home. He told her "You are dying to get me out of the house into a school. You fooled me once, but never again." She tries to tell him she wants to do it for his own good, to make him happy; however, he does not have faith in her, and he keeps saying she is doing it because she hates him. The plan is to send him to camp.

She is very much worried for fear he might do something to his brother. The other day when the maternal grandmother was staying with them, he beat him on the back until the boy was blue all over. He also said that he would like to cut his head off and then throw it away. The next morning he kissed him. However, the grandmother was so disturbed she said she would never come to stay with the children again. M said she is in a chronic state of anxiety as to what he might do to her baby.

She has argued with her husband over David, as they disagree on the

handling, and she thinks he is too severe and too critical. They really have not spoken to each other for two months, and according to her, "We have nothing in common." In fact, she cannot bear to have him in the same room with her, and the other night just screamed when he was doing nothing. According to her, "I feel as though I never hated anyone as I do my husband." He tells her she is disturbed, and is always critical of her. He must always have his way. He is very egocentric and has lots of confidence in himself. In fact, she feels there are only two roads open to her: (1) to take the brother and run away and leave her husband with David; (2) to commit suicide.

Now she is in a turmoil because F insisted that she go on vacation with a group of other people they know. She does not want to be with him, and she is not able to keep up appearances any longer. One evening she did go to a party with him, taking David along, and when she came home she was so exhausted she just screamed. She would like to just go away by herself. Do what she likes to do. Get up whenever she felt like it and account to no one.

6/22. Mother of another client at the clinic talked of David's mother. Worker stated that we never mention who came here, but this woman says she knows because David's mother has talked with her. This woman brought out that if we could see M's home, we could better understand the difficulties. It is simply exquisite, and every inch is immaculate. David's mother works every minute to keep it that way. She is at the point where she keeps threatening suicide because of David, and cannot bear the situation any longer. The mother said that David has always been a problem.

6/22. M at office. The children are going to camp tomorrow. Although they "wear her out," they offer an escape from her husband. She cannot stand to be alone with him. Her family made her break off with the boy she loved, because he had no money or future. F is not considerate, kindly, or thoughtful, but is only aggressive toward her. She has consulted doctors about their poor marital adjustment, and also arranged consultation for him, but he has not benefited. The mother is now nervous, cannot eat or sleep, and has a rash over her body. She will consult a doctor tomorrow, and worker suggested that she ask him to make arrangements for her care in convalescent home or sanatorium for a period. M would love this for the entire two months the children are away.

Worker pointed out difficult role of her husband, as everyone likes to be cared for rather than "used" and that their relationship depended on both of their reactions.

Her husband makes her feel dumb. She realizes she cannot function up to her ability now. M agreed that she is depressed, and will try to

accept her condition the same as she would a physical illness, and explain it to her husband on this basis.

Every time M mentioned her husband's difficult personality, she said that David was "just like him" and the baby was like herself.

9/14. M was seen at the office. David stayed at camp all summer but had tantrums whenever M went up to visit him. He was very much disturbed because the boys called him "shorty" and "half-pint." M did not go away for the entire summer or consider a sanatorium as we had suggested, but she did go away to the country alone and stayed not far from the camp and visited the boys for two weekends. She claimed to be very much worried but appeared to be less disturbed than she was earlier. Worker again encouraged her to be under medical care.

At the present time she does not know what to do because David will not go to the public school to which he was transferred and will not go away to the private school which this office had suggested, and consequently he is merely remaining at home. He himself wants to go to a special private school to which a friend of his has just been admitted. M realizes that this is not the place for him. Worker offered that she doubted very much if he would be admitted to this school but advised the mother to have David make application there, preparing him that he might be rejected. When he is, she might then talk with him regarding other schools.

9/21. Telephoned the home and as M was out, talked with David who said that everything is going fine and he has been admitted to the special school he wanted. It is the "swellest school" he has ever attended.

11/3. *Case closed*—partial adjustment.

9/21 (*Three years after case opening*). M was seen at office and worker talked with personnel of school David has been attending. The boy is struggling to make an adjustment there but is failing in everything and is being tutored privately. He has mechanical interests.

Encouraged M to contact us if she has the need. David seems happier, has friends, enjoys games.

3/20. M at office after many urgent requests for interview. Same difficulties and clashes are continuing. M locks children out of house for punishment. David has no friends and does not have dates. He spends his leisure time selling papers, shining shoes, etc. F forbade him to go to

the shoe parlor, but he continues to. He can hardly wait until he is sixteen years old when he will obtain working papers.

He is now in the second semester at the private school he attends, where he receives poor marks, but he likes it and teachers like him. He quit the former school. M wants both boys to go to camp again but they are refusing to leave her.

M is obviously in upset condition. Her neck is enlarged, tense, and she is strained. Last time worker saw her she advised a doctor, but she did not go in spite of the fact that she suffered a severe hemorrhage the following summer. M would really like to walk out and leave her family. In fact, she is afraid she will commit suicide if her interest in clothes stops because that is her one interest now. She is afraid she will die disgusted like her father did. He died of starvation in a sanitarium where he refused to eat. He had been a failure in business and although she helped him a great deal she often blames herself for his death because her husband would not loan him more money. She thinks she should have raised it somehow. She was her father's favorite and he failed following her marriage. She has had total financial responsibility of her mother which she resents. Worker also reassured her about her feeling toward helping her mother and her resentment toward her siblings.

Worker again stressed the fact that she must be under medical care now. M agreed to consult the doctor suggested.

9/9 (Five years after case opening). M telephoned, talked very rapidly, and said that she was not at all well and was suffering from an acute nervous condition. She has been to several doctors, clinics, and hospitals. She doubts if any doctors have helped her but has started with another who is giving her a series of tests to convince her that it isn't physical; then he told her that she will need psychiatric treatment. Worker suggested that she continue with one doctor, which she finally agreed to do. She called this office because she doesn't know what to do with David. He doesn't want to return to school he had been attending where he will have to repeat a grade and she is considering another school.

9/23 (Seven years after case opening). M looked harassed, thin, and worn, and talked rapidly, jumping from one subject to another. The reason she is consulting us now is that she is beside herself and does not know what to do with David, who is nineteen and attempting to work in F's office and live at home. He is impossible and driving them both literally crazy. F thinks he cannot stand it any longer, and M is certain she cannot. He is continually demanding things. He charges expensive suits and other

equipment and is gambling. He gives nothing to them, is continually demanding and arguing. During the course of the interview M brought out that she has learned that her condition, when she feels she is going to choke, is a mental allergy and she is really allergic to David. F's bringing him home after a trip caused an attack. She has been seen by physicians at a medical center, one of whom urged her to live at one private hospital division there, as she is not subject to attacks while in the hospital. When she steps on her own doorstep after leaving the hospital, the attack returns. On the other hand, F does not take out his exasperation on himself but loses his patience with David. He feels he might be sent to the electric chair for murder as he does not have control over what he might do to the boy. At one point, with tears streaming down her face, she leaned over and said confidentially, "Can't you arrange to have him called for in the draft earlier? We cannot wait a year."

It was carefully explained that we could not go on with regular treatment responsibility for mother or the boy but we might be better able to help her with other arrangements if we understood the boy's wishes at this time.

5/17 (Ten years after case opening). M telephoned asking for appointment. She obviously was very much upset—said she felt like taking an overdose of sleeping pills and doubted if she could go on any longer. She herself is under a doctor's care but has not been referred to a psychiatrist.

The problem is David; he has been home for the past couple of years doing nothing. He will not work, is continually demanding money, and takes money from M and F. They have everything locked up and even the maid carries her money with her but he has never taken from her. He hocked M's fur jacket, wedding ring, and has taken F's car and will not let them know where he keeps it. He borrowed \$300 from a customer of the father, which the latter repaid. He is interested in married women and calls have come to the home from husbands threatening him.

F and Pt fight continually. M needs a vacation but is afraid to leave for fear they will kill each other. She has separated them at different times. The younger son is going to college in the fall and M wants to leave the family completely and only be by herself at that time. The younger son is cold too but not difficult, and M described their household as filled with hate.

Her real interest in seeing me was the same as usual: How to get rid of David. Her plans were to put him out of the house and change all the locks on the doors; have the family leave the household to David and not let him know where they have gone; contact a judge friend of theirs and have David arrested; contact people of influence, asking to have

David's induction into the Army hastened. M asked for advice and wanted someone else to take the responsibility for David's eviction.

Advised M to consult a psychiatrist and also to have David see one as he is a grown man over twenty-one. She herself is not interested in psychiatric treatment but only wants help in having something done about David.

Although she cried off and on during the interview, when she left she thanked the worker profusely, saying she was afraid I might be hearing about their family in the headlines in the paper.

ADULT OUTCOME

Entered service at age twenty-two. After six months he was referred for psychiatric evaluation by his commanding officer because of inability to adjust.

Social History: Pt says he can't do anything required of him. He can't stand being told what to do and resents all persons in a position to give orders. He has suffered a nervous condition since age thirteen and displayed small patches of skin rash about the ears and scalp. He said the doctor in the skin clinic just rushed him in and rushed him out, and he feels that the doctor doesn't care about anyone but himself. Pt keeps to himself because he feels everyone is against him.

He is the older of two siblings. He says he never got along with his brother and they had numerous fights. The father has always provided well for the family. His father often required certain things of him but he never responded to his father's punishment (usually withholding allowance). He likes his mother and stated she had always done everything for him.

He could remember little about his early childhood. He completed high school at age nineteen after failing numerous subjects. He participated in no sports or extracurricular school activities and pursued no hobbies. He did not like school, had little interest in his studies and experienced much difficulty with teachers.

His work history included only a short term of employment with his father just prior to service. He liked the work sometimes.

He failed to pass the clerk's course twice and has been doing nothing for the past three weeks. He thought when he came into service it was a job that had to be done and he decided to make the best of it. However, he feels now that he just cannot continue to live a military life. He says he has no friends and cannot get along with anyone.

Psychiatric Examination: Patient was seen for psychiatric examination. He complained that he had a nervous condition and a skin rash. He said that he was unable to take orders, was unable to do things, "just can't get

along with people." He feels that this is because of his skin condition which causes him to itch and consequently he is unable to relax. He has been in service about six months and has completed very little training. He has been a frequent complainer at the Dermatology Clinic—"nobody helps me."

Throughout the interview he presented a dejected, apathetic appearance. He was extremely narcissistic. There was no indication of anxiety. He related an unstable familial situation, unstable school and work adjustment.

Three weeks later: Patient came in stating that he had recently been away without permission and that he had been back to his unit a day. He complains that he is unable to take it, cannot stand it, and wants a transfer. He feels that they are all against him and continually call him names. "They think I'm crazy. They're crazy, not me." He further complains that they make him stand for hours and that everyone in the barracks says things about him.

Patient's parents seen. They spoke with his commanding officer who appeared very sympathetic to the situation. He brought them to the psychiatric service to talk about the case.

The parents appeared very upset by their son's difficulty in the service. They were disturbed over the possibility of discharge as a reflection on the boy. They appeared sincerely to want him to complete his service. Neither parent had any insight into the personality problem involved. They saw the trouble as entirely a dermatology one, his rash and consequent itching driving him to distraction. They did describe a quite indulgent environment which they provided for him. Mother was very loving and gave careful attention to his skin condition; they made trips south in the winter since the sun seems to alleviate the condition. Pt worked for his father about eight or nine months a year, going south for the cold months. Father spoke well of son's ability to get along with people. This interview was primarily one to reassure the parents.

Diagnosis: Passive-aggressive reaction, manifested by a tendency to exaggerate somatic complaints, difficulty in interpersonal relationships, frequent absences without permission.

It was recommended that he be separated as unsuitable. This recommendation was followed.

An Intensive View of One Disorder: SCHIZOID PERSONALITY

You have now seen cases describing the childhood situations of individuals who later showed a wide variety of adult maladjustments. In this concluding section we want to focus on one particular type of adult outcome. The concept of the schizoid personality is a broad one, which may be more or less closely related to several major psychiatric classifications. Individuals so diagnosed may sometimes evince actual schizophrenic behavior. Sometimes the schizoid personality is also psychoneurotic, as in a diagnosis of "anxiety reaction in a schizoid personality." Sometimes the disorder may occur along with, or underlie, antisocial conduct or criminal behavior. In order to give a review of what is known about the schizoid personality that is unbiased from the point of view of any single individual, descriptive comments from the *Diagnostic and statistical manual: mental disorders* of the American Psychiatric Association¹ will be quoted here.

Schizoid personality is a subdivision of Personality Disorders: "These disorders are characterized by developmental defects or pathological trends in the personality structure, with minimal subjective anxiety, and little or no sense of distress. In most instances, the disorder is manifested by a lifelong pattern of action or behavior, rather than by mental or emotional symptoms." Within the Personality Disorders, it is classed as a "Personality Pattern Disturbance": "These are more or less cardinal personality types, which can rarely if ever be altered in their inherent structures by any form of therapy. Their functioning may be improved by prolonged therapy, but basic change is seldom accomplished. In some, 'constitutional' features are marked and obvious. The depth of the psychopathology here allows these individuals little room to maneuver under conditions of stress, except into actual psychosis."

¹ American Psychiatric Association. *Diagnostic and statistical manual: mental disorders*. Washington, D.C.: Author, 1952.

Schizoid personality itself is described as follows (this is the complete description): "Inherent traits in such personalities are (1) avoidance of close relations with others, (2) inability to express directly hostility or even ordinary aggressive feelings, and (3) autistic thinking. These qualities result early in coldness, aloofness, emotional detachment, fearfulness, avoidance of competition, and daydreams revolving around the need for omnipotence. As children, they are usually quiet, shy, obedient, sensitive and retiring. At puberty, they frequently become more withdrawn, then manifesting the aggregate of personality traits known as introversion, namely, quietness, seclusiveness, 'shut-in-ness,' and unsociability, often with eccentricity."

Reference is made to it also under Schizophrenic Reaction, Simple Type: "The simple type of schizophrenic reaction characteristically manifests an increase in the severity of symptoms over long periods, usually with apparent mental deterioration, in contrast to the schizoid personality, in which there is little if any change." It is also mentioned in the description of Dissociative Reaction. "These reactions must be differentiated from schizoid personality, from schizophrenic reaction, and from analogous symptoms in some other types of neurotic reactions." Under Paranoid Personality it is said that "Such individuals are characterized by many traits of the schizoid personality, coupled with an exquisite sensitivity in interpersonal relations, and with a conspicuous tendency to utilize a projection mechanism, expressed by suspiciousness, envy, extreme jealousy and stubbornness." And under Sociopathic Personality Disturbance, it is pointed out that "However, sociopathic reactions are very often symptomatic of severe underlying personality disorder, neurosis, or psychosis, or occur as the result of organic brain injury or disease. Before a definitive diagnosis in this group is employed, strict attention must be paid to the possibility of the presence of a more primary personality disturbance; such underlying disturbance will be diagnosed when recognized."

One of the comments quoted above that is particularly relevant to the present book is the statement: "*As children they are usually quiet, shy, obedient, sensitive and retiring.*" Children fitting this description have not been common in the cases we have presented. One of the most recent research reports from this program² indicates that such children do not commonly become schizoid individuals either. It may be argued that only the misbehaving children would be referred to clinics and that the quiet, shy child would be overlooked or neglected. However, we do have in our case studies a substantial number of quiet, shy, and well-behaved children; many of them turned out well. All our information indicates that shyness,

² M. Roff, Some developmental aspects of schizoid personality. U.S. Army Medical Research and Development Command, Contract No. DA-49-007-MD-2015, Report No. 65-4, March 1965.

by itself, is a benign condition like stuttering; like stuttering it may be regarded as undesirable by the individual concerned, and it may be a lasting condition, but it very rarely develops into a more serious difficulty. Frequently the term "shy" is coupled with the term "withdrawn." Experience in various studies of this program indicates that these terms should be sharply differentiated, since simple shyness did not have adverse significance while "withdrawn" represented a more active process which may have had unfavorable predictive significance.

The table that follows presents information abstracted from cases in a sample of boys diagnosed schizoid as adults. For this table, adapted from a research report,³ only clinics that regularly interviewed school personnel have been included. Within this limitation, the table gives a comprehensive picture of the pre-schizoid individuals who had first appeared at clinics before the age of thirteen.

Two types of information from the case histories are presented: the psychiatric comments and information from the schools. These are followed by the adult outcome for each case. The thirty-three cases are arranged in the chronological order of the age at which each child was first seen by the clinic. These abstracts quite clearly illustrate the research finding that a child may appear seriously disturbed before it is possible to make a diagnosis of the form his problem will take at the adult level. With increasing age behavior becomes increasingly structured, so that it is much more common to find an explicit diagnosis during adolescence, similar to an adult one.

The table contains no information about the families of the children listed. Family information, including the interactions among family members, is more complex than the psychiatric or school information. Much research, in addition to that of the present program, is attempting to determine the relations between family characteristics and child behavior. Some picture of the families of schizoids can, of course, be obtained from appropriate cases in this book.

³ *Ibid.*

Preschizoid Information and Adult Outcome

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
<p><i>Age 5:</i> A very small, chubby boy, exceedingly friendly. Is bright and will not be content to do just the ordinary things.</p>	<p><i>Age 5:</i> A peculiarly acting child. Enjoyed destroying things other children made and destroys his own. Unsocial with other children, hitting them and snatching things from them.</p> <p><i>Age 6:</i> Teacher thinks he is very bright and quite outstanding. Not considered a behavior problem. Demands a great deal of attention and is very affectionate towards the teacher. Always takes the center of the stage.</p> <p><i>Age 8:</i> Doing good schoolwork, especially in speaking. Friendly and agreeable, popular and confident in his work. Scholastically, one of the best in his room.</p>	<p>In service two years. Attended college after discharge. Schizoid personality, not incapacitating. Sensitive son of retarded mother. Also diagnosed emotional instability and, subsequently, psychoneurosis, anxiety in a schizoid personality.</p>
<p><i>Age 5:</i> Occasionally he carried on conversations with himself and would seem to take more than one part. At times he resorted to mere repetition of nonsense syllables. One felt that he had only a slight hold on the reality situation. Occasionally, however, his speech was surprisingly complex.</p> <p><i>Age 9:</i> Hospitalized. On admission, he seemed extremely disorganized and</p>	<p><i>Age 9½:</i> Placed in boarding school after release from hospital. Had difficulty in getting along with the other boys. Made sexual advances to another boy: this took the form of squeezing the boy's stomach. Twice he boarded delivery trucks parked near the school building and attempted to drive them away, saying that he wanted to go home. Has not been a leader in the</p>	<p>Psychopathic personality, schizoid character. History of hospitalization at age 9. Is withdrawn. Shows bizarre judgment, but no delusional or hallucinatory trends. Psychiatric rejection.</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT

INFORMATION FROM SCHOOL

ADULT OUTCOME

confused. Was absorbed in daydreaming and could not cope with his environment. Went about the dormitory in a distracted manner tearing up furniture, hitting or annoying other children. Did not mix with other children in any organized way. Talked in a rambling disconnected manner; slight degree of stereotypy of speech. Tentative diagnosis: Primary behavior disorders. Personality disorders, daydreaming, neurotic disorders, overactivity.

Age 6: Tall with rather plain features. At first, timid and unwilling to talk. Rather sullen but finally answered some questions.

Age 10½: Has some of the physical stigmata you might look for in a schizophrenic. Is listless, vague, withdrawn and certainly has poor contact with reality in the forms of things or people. Background of father, who is a floating schizophrenic with delusional episodes, contributes to a feeling that he has a very serious prognosis. Possible early schizophrenia.

Age 11: Talks easily, does not smile in his former bland fashion, seems pleased to see the psychiatrist. Has made remarkable improvement in his ability to meet people socially.

Age 11½: Remembers his own appointments and likes to come. Quite responsive and pleased to know that he is doing good work for his teacher.

classroom, but in the dormitory his initiative and disregard of rules won a certain admiration from other boys. The school does not believe that his prognosis is very hopeful.

Age 6: Shows peculiar behavior. Doesn't want to be with other children. Not an overt behavior problem but does poor work and is inattentive.

Age 7: Quite difficult in the classroom but is improving and seems to be growing up rapidly. His relationship with other children is very bad. Fights and pokes them. Talks a good deal and frequently has to be given a seat away from other children. School work is satisfactory.

Age 10½: Mixes with the others a little more now than before. However, fundamentally, he seems to prefer to be alone, and does not welcome association with other children. Teacher said that there is something strange and peculiar about him that she just cannot put into words. Three months later: Has become more outgoing and shows more aggression, under the influence of an unusually understanding teacher.

Schizoid personality. Depressed, shy, seclusive, emotionally unstable, anxious. Psychiatric rejection.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
<p><i>Age 7:</i> A dull child. Unwanted by mother, frightened by father, he is extremely peculiar. Has a deep anxiety which is a result of his feeling rejected by his family for causes which he feels hopelessly unable to overcome.</p>	<p><i>Age 7:</i> Sometimes reads quite well; at other times can scarcely read at all. Shows queer behavior and is sometimes very stubborn. Is not a disciplinary problem but is at times a pest, non-conforming and bothering other children. Responds fairly well to individual teaching, but there is very little time for this. Has soiled his clothes three times at school recently. No complaints concerning his behavior on the playground.</p> <p><i>Age 8:</i> He received a very poor score on his mental test, but it is impossible to know how much this is due to dullness and how much to emotional conflict. He is being placed in a special class.</p>	<p>In service two months; discharged under honorable conditions for unsuitability. Referred to psychiatrist because of neurasthenic trends, fear of water, borderline intelligence; "moody," "sitting and staring," "few friends," "inability to learn anything." Vague, monosyllabic, curt during interview. Appears withdrawn; dull and retarded; shallowness of affect. Diagnosis of constitutional psychopathic state, schizoid personality.</p>
<p><i>Age 7:</i> A friendly, restless, attractive little boy, in need of help; psychiatric treatment would be desirable.</p> <p><i>Age 15½:</i> He is making a relatively good adjustment for a boy who had as many negative experiences as he has had, and, although unhappy, at least he is not cracking up. There is something effeminate about him that is difficult to describe. There is a certain amount of passivity in his makeup.</p>	<p><i>Age 7:</i> Expelled from school for incorrigible behavior. Fights all the time, tries to attract attention in annoying ways. At a second school he continued to fight and to be destructive in the classroom. His intelligence level is slightly above average.</p> <p><i>Age 8:</i> Is making no progress in school. Has ability but will not use it. He does such things as he wants to, and "no one on earth can guess why he wants to do it." Is destructive of his own things and of others'. Ignores the other children.</p> <p><i>Age 10:</i> Has been put out of school again. His achievement test scores are good.</p> <p><i>Age 12:</i> Again showing problems. If he does not</p>	<p>In service 3 years; several disciplinary offenses; discharged under honorable conditions; schizoid personality, manifested by autistic thinking, preoccupation with religion, and inaptitude in social situations, chronic, moderate.</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	<p>behave, will probably be expelled.</p> <p><i>Age 15½:</i> Has made a fair adjustment this year. Has been fortunate in having an understanding principal and a teacher to whom he has felt a great deal of loyalty. Has been doing pretty good work in school—his grades have been above average. His relationship to other children has not been too good, but has been as good as at any other time and perhaps better than in some schools.</p>	
<p><i>Age 7:</i> He is very unattractive, but well built, husky, thickset, his facial expression somewhat marred by strong glasses. His attitude in the interview is extremely friendly, talkative, initiating much conversation. He speaks at length about being the strongest boy in his class. In the classroom sometimes there is difficulty because all the boys start after him. He thinks they don't like him. It should be noted that at no time during the hour and a half interview did he touch his genitalia. Definitely more than averagely affectionate in behavior toward mother. Not neurotic but is behaving fairly naturally under the extremely poor home condition. A good treatment risk but it is unlikely that father can be persuaded to allow anyone else to improve his boy and mother cannot be counted on to handle difficulties of both husband and son. The question is</p>	<p><i>Age 7:</i> Excessive masturbation, daydreaming, bright but accomplishing little. Totally uninterested in school. Has no friends. Masturbates in class a great deal of the time, going to the extent of opening his trousers in the classroom. Teacher has exhausted all efforts to keep his hands otherwise occupied. Has gone from a withdrawn period to an extremely active one although he still has occasional periods of not registering what was going on in the classroom. Three months later: Attacked a boy and injured him. He took coins from a little girl. When asked about this, he gave them back. He always returns things which he has taken without any protest at all. One month later: Has not been doing any work at school and has reverted to masturbation. At lunchtime he attacked another little girl. Later on, he went into the clothing room and started</p>	<p>Schizoid personality. Behavior problem with sexual deviation. Was at special school for several years. Psychiatric rejection.</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
the school's being accepting enough to tolerate this behavior for a time. One month later: Psychiatrist will do what he can to keep him from continuing severe outbursts at school against other children and from bringing further punishment on himself.	looking through the pockets. When asked what he was looking for he said that he did not know because he didn't know what was in the pockets.	
<i>Age 7:</i> A small, thin, youngster with delicate features, a very winning manner. Very much at ease, showed no hyperactivity. Has superior intelligence. Referred because of psychic vomiting. Obviously a case for treatment as he is deeply neurotic.	<i>Age 7:</i> Extremely nervous at home, vomits meals, will not play with children. At school he is extremely bright, plays well with others. School work and conduct have always been excellent. <i>Age 7½:</i> Mother was in to complain about him. Principal feels that the mother will kill the child if something is not done. She beats him at home and came in to have the principal beat him. He is a sweet child and wants to be loved. Present teacher and child are very fond of each other. Police had been at his home the day before to straighten out a brawl between the parents. Beginning to show fear in school. Two months later: Looks better and seems more at ease. Does not vomit at school and mother says that there has been no vomiting at home for a long time. Still lies to mother.	Schizoid personality. Says he has experienced convulsions of the grand mal type associated with many other vague somatic complaints. When asked to enumerate his many somatic complaints, he involved about every system in his body. Clinically this man is a very tense, anxious, schizoid individual. Unable to use the left elbow joint—appears to be a somatization reaction. Psychiatric rejection.
<i>Age 7½:</i> His play and general behavior indicated a dull boy. His speech was sometimes indistinct and slurring. The general impression was of a mentally retarded child.	<i>Age 7½:</i> Slow in school, particularly in reading. Makes many excuses to leave the room, and then doesn't return until sent for. Seems to live in a different world. Appears to be accepted by the group, but seems easily led. <i>Age 8:</i> No longer gives in	In service 3 months; discharge for unsuitability, schizoid personality.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	to the other children as he did before. Recently, has developed a "mean streak" which evidences itself on the playground.	
<p><i>Age 7½:</i> Has a very pleasant, direct look, occasionally an attractive smile. Is somewhat shy at first, but in a very short time becomes extremely friendly and spontaneous although he does not talk a great deal. Does not show any unusual neurotic traits except nail-biting.</p> <p><i>Age 13½:</i> Case reopened when he was re-referred by his teacher. He had open lesions on his lip and because he was supposedly involved in homosexual activities, teacher felt that he should have some medical attention. He had been hospitalized one month for observation two years ago. Was injured three times at this hospital because of fights and was always the victim. Children did not like him. He has been suspended from his school because of stabbing a boy with a compass.</p>	<p><i>Age 7:</i> In the classroom showed an inability to concentrate. Had repeated the 1A grade. Fidgeted and was constantly gritting his teeth. Annoyed other children. Teacher felt that he was bribed to go to school, otherwise he would truant; finally the mother would give in and allow him to bring things to school which disturbed the entire class. Children disliked him and refused to play with him whenever he was assigned to a small group.</p> <p><i>Age 7½:</i> Teacher reported that he was just as difficult as ever and had made no appreciable progress in school work. What he was able to read was chiefly by memory.</p> <p><i>Age 10:</i> Teacher said that although not an unusual problem, he seemed to be in considerable difficulty in relationship to other children and in control of his temper.</p> <p><i>Age 10½:</i> Teacher reported him to be jittery, unresponsive child who defied her a few days ago by refusing to get into line.</p> <p><i>Age 11½:</i> Has been hospitalized for observation for 60 days following suspension from school because of a vicious attack on another child. Hospital staff felt that he would not adjust in an institution but should be returned home</p>	<p>In service two months; undesirable discharge for fraudulent enlistment, including concealment of criminal record, not revealing that he had been a mental patient in a hospital. Moderate anxiety. Previous "nervous breakdown" probably a paranoid schizophrenic reaction. Making compulsive effort to maintain his hold on reality. Judgment is poor, emotional responses are flattened. Diagnosis: schizoid personality.</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	<p>despite the obvious difficulty encountered with him for these many years.</p> <p><i>Age 13½:</i> Teacher said the boys talked about him a good deal and said that he got money from older men, and also that he engages in sex activities with boys in the toilet at school.</p> <p><i>Age 14:</i> He says that he likes school now.</p>	
<p><i>Age 8:</i> Largely on the basis of the historical material, it appears that this boy is overtly rejected by the mother, and probably many of his behavioral difficulties are related to this rejection. It is possible, also, that the mother has attempted to exaggerate somewhat certain elements of his conduct.</p>	<p><i>Age 8:</i> General conduct in the classroom is poor. Dreams, is very nervous, constantly annoys his neighbors. School records describe him as overactive, inattentive, disturbs other children, lying.</p> <p><i>Age 9:</i> Considered less of a behavior problem at school. Still inattentive, has difficulty in concentrating and disturbs other children.</p>	<p>In service 16 months; discharge for schizoid personality, manifested by alternating despondency and hyperactivity, feelings of persecution, loss of contact and aggressive conflict with other personnel.</p>
<p><i>Age 8:</i> He appears to be overactive, a bit talkative, and somewhat impudent. Smiles readily, is composed.</p>	<p><i>Age 8:</i> A disturbing element in the room and on the playground. Other children are always complaining about him because he is so rough. His behavior has been so annoying, he had to sit in a seat by himself next to teacher's desk. Whenever he improved, he was permitted to return to the group. Is considered a very bright child.</p> <p><i>Age 8½:</i> At present not a problem in the classroom. Main difficulty is his quarrels on the playground.</p> <p><i>Age 9:</i> Very mischievous and whenever he gets into difficulty, lies outrageously.</p> <p><i>Age 17:</i> Belief that he had</p>	<p>Schizoid personality with emotional instability. Suicidal attempt and emotional instability while in service. After service, returned to home community, falsely masquerading as a much-decorated officer.</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	<p>stolen \$40 from the purse of a teacher was reinforced when he subsequently spent money he could not explain having. He told visiting teacher that at one time he was quite a heavy drinker, but that he had given it up when he realized how foolish it was. Two months later: at camp, told many fantastic tales, such as that his uncle was the mayor of New York. Two months later: seemed to be able to float in and out of classes as he wished. His thinking ability was so miscellaneous that it was impossible to talk with him about any of his wrong-doings. Schoolmates do not accept him too well. Has been truanting occasionally.</p>	
<p><i>Age 8:</i> Is very impulsive and erratic. Has been a behavior problem for some time. Is very over-active and requires a great deal of motor outlet so that he will probably have trouble in the school situation.</p> <p><i>Age 16:</i> A large, obese boy who dresses neatly and has a superficially friendly manner. He seems very quiet and shows no restlessness or nervousness. His thinking is vague and abstract and his mind deals with ultra-scientific matters of the science-fiction type. He is possibly preschizophrenic. He does not like school and has been in conflict with the other children much of the time.</p>	<p><i>Age 8:</i> Truants from school at the slightest opportunity; sometimes stays away from home all night. Quarrels and fights constantly with other boys. Has to be taken to and from school, leaves if he is not watched constantly. Reading ability is far above average. About a year ago he had a spell of stealing, but has not been known to take anything recently.</p> <p><i>Age 13:</i> Is not a behavior problem except for his peculiar behavior. For example, he does not like one teacher, so he sits on the floor in a closet for about two hours.</p> <p><i>Age 16:</i> Frequently threatens physical violence to other boys and is in conflict with other children a great deal of the time.</p>	<p>Psychoneurosis, anxiety hysteria, in a schizoid personality; existed prior to service and not aggravated. He has a history of inadequacy. Claims a prophetic talent, has invented "crash-proof" automobile; intelligence average. Subsequently re-diagnosed as schizoid personality.</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT

INFORMATION FROM SCHOOL

ADULT OUTCOME

Clinic advised that he be excused from further schooling.

Age 8: Dull and serious facial expression. Most spontaneous when complaining of other children. We are dealing with an exceedingly deep-seated and pathological problem. His ideas of being mistreated and abused are so fixed in his personality structure that they are much like those of a hypochondriac. The combination of poor home background, glandular disturbance creating physical disabilities, and the long-standing nature of the whole problem makes us realize that any change or improvement will be very slow in coming. Attempts to rush the progress too much may make the situation worse. So much time would be required in working with him that we do not feel justified in accepting the responsibility for his treatment on an active basis.

Age 13: There was much repetition of complaints of people who pick on him. There is an extremely strong Oedipal tie to his mother and no beginning solution to this problem. He talks and dwells upon his mistreatment by others as a hypochondriac talks of his ills. The prognosis is guarded.

Age 16: Although his behavior at school would suggest mental illness, there is no incontrovertible evidence of delusions or hallucinations. However, it

Age 8: He is largest boy in the room. Cavorts around like a circus performer, with many silly, foolish gestures and facial contortions. The teacher thinks he is intelligent although he is in a slow group.

Age 8½: Teacher has seated him near the front among the girls and assigned a girl to help him. He still has a whipped, cowed expression but the teacher says there are no problems evident.

Age 9: Is seated by himself because he disturbs the other children. Two months later: He annoys other children. He lifts girls' skirts, pushes, and hits. Teacher finally gave children permission to hit him if he continues to annoy them.

Age 11½: Had exposed himself to a girl, whose father came to the school with obscene notes he had given her.

Age 13: Referral was outgrowth of mother's complaint that he was being beaten up by the boys in school. School felt that his type would be picked on and wanted help from the clinic.

Age 16: Would walk through the halls talking out loud to himself, ramble around the school buildings, jump out of his seat. The anecdotal reports received from teachers indicated the way he disrupts classroom activities by buffoonery and foolish gig-

Age 21: Schizoid personality. Was expelled from high school. Speech is rapid, slurred at this time, irrelevant. Hypochondriacal, shows a handkerchief which he insists is stained with blood. Carries a knife in order to protect himself from harm. Emotional expression is distinctly flat and thinking is paranoid. Rejected for psychiatric reasons.

PSYCHIATRIC COMMENT

INFORMATION FROM
SCHOOL

ADULT OUTCOME

appears that he has evolved autistic and schizoid patterns of fantasy. He should be seen at regular intervals in order that indications of simple schizophrenia may be confined.

Age 19: Doctor felt the boy was schizophrenic although a Rorschach examination did not substantiate psychosis. Nevertheless, the boy's functioning was very much of this nature. There was nothing dangerous involved in it, just a general over-all foolishness, more of a hebephrenic quality.

gling, making strange faces, and being the butt of the others' jokes.

Age 8: Impresses the examiner as being of superior intelligence with an alert, forceful, and attractive personality. He shows obsessive-compulsive tendencies. His clay model suggests the possible anal origin of his compulsive neurosis.

Age 8½: Seems better socialized than when seen previously. Compulsive tendency, however, still exists. It would be well if he could be hospitalized to get him away from his parents, but they would never consent. Nothing short of a deep analysis would change his mother from a rejecting one to one who would give him the security that he needs.

Age 8: No idea of classroom discipline. Thinks he can walk around whenever he so wishes and is a real nuisance. Will not follow the lessons that are being given, but draws and reads, not wishing to be disturbed. Not a bad boy, but evidently finds it impossible to follow the regular classroom schedule. Has an IQ of 124.

Age 10½: Still a problem in the school because he must walk around. When all the rest are in line, he does something to attract attention.

Age 11: Present teacher takes account of his restlessness. She arranges for little errands that will break up the tension of sitting all the time. Also she asks him to raise the window or pull the shade down so as to socialize his tendency of sometimes getting up and looking out of the window.

Schizoid personality. A very restless young man who never finished a job or a task. Left college, ran around through the country, never kept a job. Two arrests for sleeping in parks. There are neurotic traits, flights of ideas. Badly needs psychiatric treatment. Vague and evasive. Psychiatric rejection.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
<i>Age 8½:</i> Is high strung, nervous, apparently quite intelligent but handicapped by inability to talk properly and to stand sustained excitement. His physical condition is good.	<i>Age 8½:</i> Seems bright but has great difficulty making all physical coordinations. Does not master penmanship or writing of numbers unless adults point out every move. Will not even put on his own wraps if he can get someone to do it for him. Reading is good. Other children are amazed at some of the things he does, such as to walk on his toes continually. Two months later: Principal fears that other children will soon begin to note how queer and different he is. Written work looks like the scrawling of a preschool child. <i>Age 9½:</i> Present status is unknown and contact is not to be made since parents are uninterested in our service.	Markedly immature with schizoid features. Emotionally inadequate. Effeminate in appearance and in actions and speech. Displays many tics. Often grins and is aware of being incompetent. Psychiatric rejection.
<i>Age 9:</i> Many feminine characteristics. Profoundly absorbed in fantasy life. Correspondingly, a marked seclusiveness and withdrawal from reality. Doesn't play with other boys. A second psychiatrist agrees that hospitalization should be seriously considered. <i>Age 9½:</i> Needs an extended stay in a hospital. Foster home might be considered if it were a very good one and if he would have psychiatric treatment as well. <i>Age 10½:</i> Hospital diagnosis: Psychoneurosis—undetermined type.	<i>Age 9:</i> Is very good in his work, extremely bright. Doesn't get along with other children—snaps at them. Resents their teasing him. Not interested in anything. Principal thought he is brighter than IQ of 123 obtained on a group test. She would like to help prevent him from becoming a hospital case. Is an unattractive little boy who looks dull and stupid. Refuses to mix with other children or to participate in any group activity. Frequently talks to himself. If the teacher's attention was directed elsewhere, he would sometimes walk to the back of the room, take a ruler, and swat children with it. They strangely enough never hit him back as they seem to feel he was	Schizoid personality. Claims to be under psychiatric treatment. Complains of fear of people, unable to get along with people. History of hospitalization for 6 months. Temper tantrums. Obsessive, compulsive behavior. Psychiatric rejection.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	<p>just different. As he hit them he seemed very gleeful about it. One day he repeated over and over again, "I can't stand it, I can't stand it."</p> <p><i>Age 10:</i> Always in trouble in class. Children definitely do not like him. Teacher has seen him engaging in severe temper tantrums on the playground and on the street when going home from school. Children sometimes tease him in order to bring on these outbursts. He sometimes aggravates other children until they begin to fight with him, and then complains to teacher that they are "picking on him" and then he is unable to fight back.</p>	
<p><i>Age 9:</i> Speaks with a thick lisp and shows many symptoms of insecurity and tension. A boy of average intelligence who is working somewhat below his ability. Emotional problems seem to predominate in this case.</p>	<p><i>Age 9:</i> A slow learner with a queer personality.</p> <p><i>Age 10:</i> School reports that he is developing to be just the image of his mother and that he and his mother both seem satisfied with the way things are. His general attitudes are not as antagonistic as they used to be, and, although he is still having difficulty with other children, the situation is less acute. Is disorganized in his approach to everything he undertakes. Is extremely restless and cannot keep long at a given task. Has frequently been reported by monitors for more or less minor difficulties with other children. Is sometimes quarrelsome.</p>	<p>Schizoid personality. He talks incessantly—it is difficult to evaluate him adequately for this reason. He admits becoming involved in numerous altercations because "people are needing me." His affect is inappropriate and he is undisciplined. During interview he moved about incessantly. Psychiatric rejection.</p>
<p><i>Age 9:</i> Is obviously retarded. Speech is quite in-</p>	<p><i>Age 9:</i> A very unusual boy. Can do his schoolwork in</p>	<p>In service 5 months; discharged for unsuitability,</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
distinct, has a very poor vocabulary. It was noticed that he could barely dress himself.	a formal way but does not understand one thing he is doing. Can read a story but cannot answer one single question on that story. Is very silly. If he laughs or giggles, no amount of talking or scolding can stop him. Has a habit of spitting on people. Fails to adjust himself with one child or with a group. Fights, cries, pushes and acts badly when around others. Laughs when there is no reason for it. Annoys others near him.	character and behavior disorders; constitutional psychopathy consisting of a schizoid personality; no disciplinary record.
<i>Age 9½:</i> Adjusted readily to interview situation and was cooperative. Much of his educational difficulty appears to be explainable on the basis of his low intelligence. IQ is 82.	<i>Age 9½:</i> Fails in his work and gets very much upset; then interferes with others. Satisfied with perfect papers only. As that is impossible, he prevents teacher from going on with her work until his anger is appeased. Does not want to study and demands constant attention. When it is necessary to give him a low grade because of extremely poor work, he gets very angry and then refuses to do the next thing that is assigned. Annoys other children; sometimes for no reason will fly up and hit them. Is a big boy and seems to be aware of the fact that he is doing some of these things. Is defiant to the teacher. When she asks him to do something he refuses. School considers the mother very ineffective. She said she had to pay him to get out of bed and to get him to eat. Because the teacher mentioned the fact that this was an ineffective way of dealing with the children,	Schizoid personality. Psychiatric rejection.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT

INFORMATION FROM SCHOOL

ADULT OUTCOME

mother had been extremely angry and now projects the whole difficulty onto the teacher.

Age 10: Uncommunicative and difficult to make contact with. Repeats questions that are asked and often answers to himself before answering aloud. There is a tendency to grimace and blink. His IQ is 80, but he does not impress one as being that low. The over-all clinical picture is that of an immature, rather than that of a neurotic, child although some neurotic tendencies are shown.

Age 10: Restless, annoys other children, takes things from them, strikes them, constantly spits on floor. Extremely restless and aggressive. Several instances of wetting himself during school day. Has written obscene notes. One teacher who has known him since he began school, says that at first he would not even talk to anyone.

Age 11: Very restless and nervous. At first, he did not get along with other children. He "bothered" them. Has improved somewhat in this respect. Retarded in his reading. Teacher thinks some emotional stress is responsible rather than lack of ability to master the technique.

Schizoid personality. In service 3 months; markedly confused and partly out of contact since entering service. Withdrawn, affectless, has facial grimaces, semi-mute and nearly totally uncommunicative. Continued to be flat, unconcerned, having very tenuous interpersonal relationships. Seclusive and unsociable. Seemed serious-minded and at times markedly eccentric.

Age 10: A rather neurotic and acutely anxious boy. His parents cannot deal with their frustrations. Expresses his hostilities and anxiety by evasions, escape attempts, and questionings, but these are all expressed within the family and within narrow limits.

Age 10: Teachers find him hard to handle. Doesn't get along with other children. Has not yet learned any self-control. His industry is very unsatisfactory and he won't take any responsibility. Early school record indicates that he was considered a behavior problem at school from the beginning. He was described as overactive, excitable, inattentive, oversensitive, disturbed other children.

In service 12 months; no disciplinary record, poor character and efficiency ratings; schizoid personality, chronic, severe, manifested by attempts at environmental control by using intellectualization, erratic behavior, eccentricity, inefficiency; discharged for inaptness.

Age 10: He is very likely a neurotic child with many anxieties. One month later: his problems seemed

Age 10: Transferred to this school about a year ago. Impudent and slow. Becoming an increasing

In service 16 months; diagnosis of schizoid personality, mild, no hospitalization.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT

INFORMATION FROM SCHOOL

ADULT OUTCOME

less serious than when he was referred. One month later: he again gives the impression that he is essentially a boy with a great many anxieties. There does not seem to be a very good entree into this case and yet he does need help.

problem. Keeping at him brought no results in encouraging him at his work. For the past few months he has been allowed to follow his own course more or less. When given an assignment, he sits with his head in his hands, or idly wiggles his pencil between his fingers. Doesn't play much with others, and outdoors he shuffles about rather aimlessly. His teacher does not believe him inadequate mentally, but believes him "plain lazy." Two months later: He is not making any progress. When he should have been working, he was drawing which he does very well. Earned an average rating on the mental test. Does not respond to instructions in class.

Age 10: A large boy, he talked in a very low voice, had a subdued, evasive manner, and could not be won around to the point where he became confident and little contact was made with him. Is defensive about his school difficulties and projects most of his trouble onto the teacher and the other pupils. Has had difficulties at school with teachers during the last few terms. In the earlier grades, he seems to have been fearful of the teacher and therefore submissive. Diagnosis: primary character disorder, conduct type, fighting and quarreling: personality disorder, immaturity.

Age 10: Emotionally immature, cries readily, has violent temper. When crossed he throws things, bangs on the desk, shouts out. He fights in class and outside of class. Continually annoying other children. His teacher says he is at all times defiant, impudent and ready to interrupt the class work. It is practically impossible to teach with him in the room.

During basic training he was confined because of AWOL and breaking restrictions. Constant conflict with authority. Shortly after his confinement he became uncommunicative and began crying. Psychiatric examination revealed that he was "mute except for monosyllabic answers to neutral questions. He showed marked blocking of thought, flattening of affect, and negativism." He had completed the eighth grade and did poorly in both his school work and his conduct. He was always considered a withdrawn, shy person who did not socialize well. He was diagnosed schizophrenic reaction, catatonic type, and was transferred to a hospital. Psychiatric exam-

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
		<p>ination on admission to hospital revealed no overt psychotic symptoms. Repeated examinations revealed no further evidence of psychosis. There was no evidence of any paranoid or other delusional ideas. He was transferred to the open ward where he made an adequate adjustment. Prior diagnosis not concurred in.</p> <p>Diagnosis: Schizoid personality, chronic, severe, manifested by unsociability, seclusiveness, lack of adequate interpersonal relationships, and eccentric behavior.</p>

Age 10: Is very immature, slow, with an abnormal interest in weird, morbid situations. Still very dependent upon his family and makes no attempt whatsoever to shift for himself.

Age 10: His most outstanding problem is that he takes two years for every grade. His intelligence level is about average. Always tries to please but doesn't seem disturbed at all if he doesn't do things like the other children, and doesn't seem to react any differently to praise than to criticism. He just smiles, and seems pleased to be noticed. He does not know his birthday and doesn't seem to be able to learn it. Every month is April. His teachers in earlier years tended to describe him as a queer child. Other children let him play with them but he usually spoils the game by forgetting or getting something wrong. If the children scold him for spoiling the game, he just smiles at them. On the playground, he often just stands under a tree and doesn't seem even to watch other children. When the bell rings, he doesn't al-

Hospitalized for dysentery. At that time diagnosed as schizoid personality, with apathetic facies and flattened affect; subsequently re-diagnosed schizoid personality.

PSYCHIATRIC COMMENT

INFORMATION FROM
SCHOOL

ADULT OUTCOME

ways come in, but stays out until someone is sent out for him.

Age 10½: He does not seem to be severely disturbed. He is a rather engaging, attractive boy, but one whose every move is closely scrutinized and on whom much hostility is projected by the father and grandparents.

Age 10½: A behavior problem for over 2 years. At times he exhibits peculiar behavior. Recently he was gazing at a pencil and telling the other children about it, and the teacher asked him to tell her about it. He explained that the end of the pencil was moving around because it was floating in some liquid. Teacher feels his statement was fantastic, but that he was just seeking her attention. Seems to get along all right with the other children. Restless and overactive, inattentive, and disturbs other children. Teases them or interferes with their activity, but appears to be accepted by them.

In service 3 years; no disciplinary record. Psychiatric examination found that "he is a passive-dependent, rather schizoid personality inclined to hypochondriacal self-observations. If his present behavior should continue in his organization, he should be referred to the nearest psychiatrist." Returned to duty.

Age 11: A small boy of dull normal intelligence whose main problems are stealing, lying, and failing in school because he is not attentive.

Age 13: Still has deceitful look in his eye, is still quite clever in lying and in covering up his tracks in order to get out of any difficulties.

Age 9: Lies, steals and truants from school. Has assets and redeeming qualities if these handicaps can be overcome. Very bad attitude toward work, school and rules and regulations. Children don't like him. Seeks the limelight in the class to the extent of telling fictitious tales, as of riding an elephant. Teachers reported him a most convincing liar.

Age 11: Has been truanting and stealing. Stole anything he could get his hands on.

Age 12: Stole \$8 from a teacher's purse and finally admitted it when questioned by police. Nothing makes the impression on him that it does on the

Hospitalized 3 months, diagnosed schizoid personality, existing prior to service and not aggravated. Had served 2 months of 10 months general court-martial sentence for AWOL. History of shy, retiring and socially unaggressive individual. Poor school adjustment. Married older woman, complete failure. Emotionally immature and unstable; self-conscious, uneasy, and vague ideas of reference. Given bad conduct discharge for AWOL while awaiting psychiatric discharge which he would otherwise have received.

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	ordinary child. He needs one person to watch over him all the time. He was committed to a training school.	
	<i>Age 13:</i> Little change has been noted in his personality. Recently changed schools. Previous school was unable to keep him as he was in a large class and continually causing disturbances in the classroom and on the playground. Stole \$10 from a nurse's purse. On probation, he was returned to the training school.	
<i>Age 11:</i> Engages in a great deal of implausible lying. Is excessively talkative. Very much perturbed because when anything happens at the school he is immediately blamed for it. Generally hyperactive.	<i>Age 11:</i> Very inattentive. Is not concentrating and seeks limelight to the point of being a behavior problem. Has a "don't care" attitude. <i>Age 13:</i> School still considers him troublesome. School considers him a nonconformist and a non-achiever. The school would like to have him transferred out.	Hospitalized 6 weeks with diagnosis of schizoid personality. Admitted with complaints of fainting attacks, insomnia, anorexia, vomiting, nervousness, "others talked about his 'different' behavior." He was shocked and dismayed at profanity and irreligious atmosphere in service. History as child of nightmares, enuresis, seclusive, timid, upset and nervous with strangers. Appears tense, weary in manner and attitude, immature, frank about difficulties, deep rigid moralistic attitude, insecure.
<i>Age 11½:</i> Aggressive, impulsive, and undoubtedly teases his brother. Gave the impression of having average intelligence, probably better than the actual rating of 80. Diagnosis: Primary behavior problem, conduct disorder and scholastic difficulties. It seems unfair to make a diagnosis of his psychiatric difficulty	<i>Age 11½:</i> Refused to obey orders, neglected his homework, showed complete disinterest in school. Is vindictive and shows a spiteful attitude. There has been a decided improvement since his admittance to this school. He likes to brag, is sneaky; has to be eyed very closely. He has a desire always to be in the	Schizoid personality. Many fears, manneristic somatic symptoms, emotionally unstable, schizoid sex conflicts. Psychiatric rejection. Re-examination 2½ years later, due to unsigned letter accusing him of malinger. At interview he appears unshaven, neglected, crying all the time, trembling all over

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
because the problem is so definitely due to a confused, distorted family background with clashes between foster parents (who are the paternal grandparents), father and mistress, mother and her boyfriend, finally the maternal grandmother and grandfather. The mother is undoubtedly psychopathic and a poor influence over the children. In these circumstances the remarkable thing is that the boy has adjusted so very well.	limelight. He is a good mixer, likes to be with bigger and older boys.	his body. He clings to his father and insists he is very sick, never goes out and is afraid of everybody, especially girls. Is a high school graduate and drives a car. The possibility of malingering cannot be fully excluded. Still rejected.

Age 12: Evidences of marked obsessions and compulsions. Shows a definite schizophrenic development. Is too absorbed in his own fantasy to relate enough to go to school, and is too sick, I believe, for that. As long as he goes along in his present fashion, he apparently is not much of a social danger, and therefore I do not believe that hospitalization is essential at this time. Should more impulsive behavior occur, hospitalization should be considered.

Age 7: Seems emotionally unstable. Subject to hysterical outbursts, threatens physical violence to others when aroused. Another problem is frequent masturbation in the classroom. The present teacher has some anxiety because he is well known as a problem in the school and she fears he will cause an accident. As long as he can sit and read he is very good. Never in step with other children. Persistently refused to do written work. Very troublesome in the yard and on the stairs. For a time, he was continually being brought in by the monitors who complained that he kicked them.

Age 7½: His running out of the building has become a serious problem to the school.

Age 8: Refuses to follow any rules or regulations, seems in a trance when he comes in the morning. Children have been taught to ignore him because he is "sick." Can't play normally with others. Jumps

Schizoid personality. Severe emotional and personality disturbance. Gets nervous before things come, doesn't sleep, vomiting, no heterosexual contacts, no employment. Psychiatric rejection.

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
	<p>around, falls on floor—does not work—disrupts line—runs around yard wildly—hits, pushes. Uses excellent vocabulary, has a large fund of information, but refuses to do any work.</p> <p><i>Age 12:</i> Special class will permit him to return to school if clinic feels he should be given the opportunity.</p> <p><i>Age 12½:</i> School attendance has been good. Although behavior is still peculiar, does not lapse into fantasy to as great an extent as he did. He does poorly on formal work, but whenever it is necessary to use good reasoning ability that requires mathematical computation, he gets the answers far ahead of other pupils. Because he is so withdrawn, the other children do not make any effort to associate with him.</p>	
<p><i>Age 12:</i> He would seem to be a sick or perhaps a very sick boy. He seems very afraid of his own hostilities. His fear has become so strong that he even understands a little of it himself.</p>	<p><i>Age 12:</i> For the past 2 months he will sit in a chair for 10 or 15 minutes and cry. He will stop then, and no one can find out what is the matter. Is afraid of germs and washes his hands a million times a day. Thinks that something is wrong with him because he was born a month premature. Has always had good marks and liked school. Since the crying spells began, he has not wanted to go and says he hates it.</p>	<p>In service 6 months; AWOL twice for total of 7 days, no other disciplinary record; hospitalized 4 months as schizoid personality, chronic, severe, manifested by flatness of affect, pseudo-intellectualism, and poor social and work adjustment; discharged for unsuitability.</p>
<p><i>Age 12½:</i> Is extremely obese and has an endocrinological condition known as Froehlich's syn-</p>	<p><i>Age 9:</i> Emotional instability. Unmanageable in room because he insisted on shouting out.</p>	<p>Schizoid personality. History of hospitalization at age 12. Then exhibited temper tantrums and vio-</p>

PRESCHIZOID INFORMATION AND ADULT OUTCOME (Cont.)

PSYCHIATRIC COMMENT

INFORMATION FROM SCHOOL

ADULT OUTCOME

drome. It is our impression that he demonstrates signs of a psychosis. It is impossible at the present time to define the nature of the psychosis more closely. It may be that in later years, he will go on to develop a full-blown schizophrenic picture, but now a diagnosis of schizophrenia is not warranted. A diagnosis of organic psychosis, type undiagnosed, seems most probable. Prognosis seems poor, and there is no type of psychotherapy which we can recommend. He is not a social menace as much as a source of danger to himself because his behavior provokes attacks from other boys. School placement will continue to be a problem because it seems unlikely that he will learn to defend himself or learn a new mode of behavior which will be less exasperating to his schoolmates. He is extremely overtalkative but is pathologically unaggressive.

Age 12½: This placement, with apparently warm foster parents, seems an ideal situation for this somewhat dull but happy and outgoing youngster.

Age 10: Whistled in assembly; disrupted class entertainment. Repeats teachers' words, constantly talking, thinks out loud. Recognized boy in the hall, decided he owed him a beating, went after him. In reading class slapped children for little or no apparent reason. One week later: walked around embracing children, then spit in their faces. Struck another child during class, injuring his eye.

Age 14: Talks at all times, repeats endlessly, unable to sit still. Comes late with vague and silly excuses. Irritates children and complains if they retaliate. Teases girls, language is not very choice, continually touching children and becomes frantic with fear when they resent this. Low normal intelligence.

Age 15: Adjusting so poorly school asks that he be removed. Is the constant butt of other children. Forgets where he is and wanders into a classroom with his hat on. Grimaces sillily and constantly argues with others.

Age 16: More docile than he was.

Age 12½: Shows lack of ambition in his studies. Teacher believes he could do much better if he tried because he has the ability. Gets along very well with children and adults in the institution, and doesn't present any difficulties. Is cooperative and performs tasks he doesn't like. Normal, well able to adjust himself anywhere.

lent outbursts, ideas of reference with paranoid tinge. Speaks loudly, has manneristic gestures and facial expressions. Psychiatric rejection.

In service 40 months; 1 summary court-martial for AWOL; 1 special court-martial for AWOL; hospitalized 6 weeks with diagnosis of pathological personality, schizoid personality, manifested by eccentric behavior. Unsuitability discharge.

PSYCHIATRIC COMMENT	INFORMATION FROM SCHOOL	ADULT OUTCOME
<i>Age 12½:</i> In view of this boy's emotional immaturity and his need for remedial instruction, placement in a special class might be of value.	<i>Age 12½:</i> IQ of 90, not eligible for special class placement. Average-sized boy adjusting on an infantile level. Extremely tense and dependent.	Schizoid personality. He didn't feel right about his neighborhood, he couldn't get along with people, they used to call him names because he was a foreigner. He used to have ideas about harming these people. He is quite vague, not particularly tense, looks suspicious. Psychiatric rejection.
<i>Age 15½:</i> Low average intellectual ability, seems deeply disturbed in emotional and social adjustment. Is tense, evasive, well built, with fleeting delusions of influence and persecution. Though he has frequent homosexual fantasies, he tries to deny them. Grotesque mannerisms and bizarre attitudes. Says that his head keeps buzzing and buzzing. Able to sing in a fairly good voice, which is his chief source of pride. Diagnosis: incipient schizophrenia, paranoid trends. One month later: Although his condition may be transitory in character, and at times followed by remissions, it would appear that he is actually suffering from an incipient mental illness.	<i>Age 15½:</i> Counselor feels that the boy is under tremendous nervous tension; the boy described "attacks" in which he feels terrific urges of emotion and a need to control overwhelming aggressive desires. Suspicious and furtive, withdrawn socially and has a consuming interest only in singing and drama.	
	<i>Age 16:</i> Through the school year, had difficulty in adjusting to the student group. Manner generally rather furtive. He complained about boys in the neighborhood picking on him, and that students said terrible things about him. However, he manifested no violent upsets and continued in school in his rather even state of adjustment.	

Publications from the Developmental Abnormal Psychology Program

A. Supported by the U.S. Air Force School of Aviation Medicine, the National Institute of Mental Health, and the U.S. Army Medical Research and Development Command.

1. Intra-family resemblances in personality characteristics. *J. Psychol.*, 1950, 30, 199-227.
2. Preservice personality problems and subsequent adjustment to military service: Gross outcome in relation to military service. School of Aviation Medicine, USAF, 1956. (Rep. No. 55-138)
3. Preservice personality problems and subsequent adjustments to military service: The prediction of psychoneurotic reactions. Randolph AFB, Texas, School of Aviation Medicine, USAF, 1957. (Rep. No. 57-136)
4. Preservice personality problems and subsequent adjustments to military service: A replication of "The prediction of psychoneurotic reactions." Randolph AFB, Texas, School of Aviation Medicine, USAF, 1959. (Rep. No. 58-151)
5. Relations between certain preservice factors and psychoneurosis during military duty. *Armed Forces Med. J.*, 1960, 11, 152-160.
6. The service-related experience of a sample of juvenile delinquents. U.S. Army Medical Research and Development Command, Contract No. DA-49-007-MD-2015, Report No. 61-1, January 1961.
7. Childhood social interactions and young adult bad conduct. *J. abnorm. soc. Psychol.*, 1961, 63, 333-337.
8. Childhood social interactions and young adult psychosis. *J. clin. Psychol.*, 1963, 19, 152-157.
9. The service-related experience of a sample of juvenile delinquents. II. A replication on a larger sample in another state. U.S. Army Medical Research and Development Command, Contract No. DA-49-007-MD-2015, Report No. 63-2, December 1963.
10. The service-related experience of a sample of juvenile delinquents. III. The predictive significance of juvenile confinement. U.S. Army Medical Re-

search and Development Command, Contract No. DA-49-007-MD-2015, Report No. 64-3, March 1964.

11. Some developmental aspects of schizoid personality. U.S. Army Medical Research and Development Command, Contract No. DA-49-007-MD-2015, Report No. 65-4, March 1965.

B. With S. B. Sells, supported by the U.S. Office of Education.

12. Peer acceptance-rejection and birth order. *Psychology in the Schools*, 1964, 1, 156-162.
13. Problems in the estimation of peer rejection in the elementary grades. *Psychology in the Schools*, 1964, 1, 256-262.
14. Family influence as reflected in peer acceptance-rejection resemblance of siblings as compared with random sets of school children. *Psychology in the Schools*, 1965, 2, 133-137.
15. Relations between intelligence and sociometric status in groups differing in sex and socio-economic background. *Psychol. Rep.*, 1965, 16, 511-516.

INDEX

Index

The cases are indexed by adult outcome. Each case is indexed under all the diagnoses given in his adult outcome section. Since multiple diagnoses are indexed separately, the number of entries in the index is larger than the number of cases in the book. Each page number shown indicates the beginning of a case, except for the chapter on schizoid personality.

Alcoholism, 275, 398

Amnesia-like episodes, 149

Antisocial reaction, 168. *See also* Bad conduct

Anxiety reaction, 39, 68, 275

Bad conduct, 68, 103, 168, 184, 226, 275, 350, 368

Compulsive reaction, 68

Conversion reaction, 68, 275

Depressive reaction, neurotic, 138

Drug addiction, 398

Emotional immaturity, 184, 368

Emotional instability reaction, 68, 168, 243, 275

Enuresis, 243, 315

Good outcome, 116, 161, 212, 267, 327

Hysterical reaction (*see* Conversion reaction)

Malingering, 68

Nervousness, 39, 398. *See also* Anxiety reaction

Neurasthenic manifestations, 243

Paranoid personality, 341

Passive-aggressive reaction, 25, 368, 404

Pathological lying, 168

Penitentiary, 103, 226, 275, 350. *See also* Bad conduct

Preschizoid personality table, 422

Psychoneurosis, mixed type, 201, 243

Psychoneurotic reactions (*see* Amnesia-like episodes, Anxiety reaction, Compulsive reaction, Conversion reaction, Depressive reaction, Neurasthenic manifestations)

Psychosis: not otherwise specified, 226

Schizoid personality, 13, 80, 275, 382

Schizoid personality chapter, 419

Schizophrenia: not otherwise specified, 103, 254, 282

Schizophrenic reaction, hebephrenic, 54

Schizophrenic reaction, paranoid, 130, 275, 300, 398

Schizophrenic reaction, in remission, 254, 398

Sexual deviation, 80, 168, 201, 315

Sociopathic personality (*see* Bad conduct)

Suicidal attempt or intent, 54, 201





Form No. 3.

PSY, RES.L-1

**Bureau of Educational & Psychological
Research Library.**

The book is to be returned within
the date stamped last.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Form No. 4

BOOK CARD

Coll. No. Accn. No.

Author.

Title.

Date.	Issued to	Returned on
.....
.....
.....
.....
.....

Psychology

132
ROF

